

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that I am terminating our physician-patient relationship effective [Insert Date, typically 30 days from letter date].

This decision has been made because of your continued non-compliance regarding prescribed medication protocols. Despite our previous discussions, the failure to follow the medical treatment plan prevents me from providing you with safe and effective care.

I will continue to be available for emergency medical care and necessary prescriptions for the next 30 days, until [Insert Date]. This window is intended to give you sufficient time to find a new healthcare provider.

I recommend that you secure a new physician as soon as possible to ensure your health needs are met. You may contact your insurance provider or the local medical society for a list of available physicians in your area.

Upon receipt of your written authorization, I will transfer a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name]

[Practice Name]