

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you effective [Date 30 days from now].

This decision has been made due to your history of frequent missed appointments. Our records indicate that you have missed appointments on the following dates: [List Dates]. As previously discussed, consistent attendance is necessary for us to provide you with appropriate medical care and for the efficient operation of our clinic.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [End Date]. This should provide you with ample time to locate a new healthcare provider.

We recommend that you contact your health insurance provider or visit [Local Medical Society/Online Directory] to find a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will then forward a copy of your medical records to your new physician to ensure a smooth transition of care.

Thank you for your cooperation.

Sincerely,

[Physician Name/Practice Manager]

[Practice Name]