

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Clinic Name] will no longer be able to provide you with medical care. This decision has been made due to continued non-compliance with the established treatment protocols and clinic policies discussed with you on [Date of last discussion].

Effective [Date, typically 30 days from letter date], our physician-patient relationship will be formally terminated. We will continue to provide care for emergency situations only until that date to allow you sufficient time to locate a new healthcare provider.

To ensure your continuity of care, we recommend that you contact your insurance provider or local medical society 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 so that we may transfer your records promptly.

Below is a list of your current medications and upcoming requirements that you should discuss with your new provider:

- [Medication/Requirement 1]
- [Medication/Requirement 2]

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name/Clinic Administrator]

[Clinic Name]

[Phone Number]