

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of the Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide medical care to you effective [Date, typically 30 days from date of letter].

This decision has been made because of [Reason for dismissal, e.g., non-compliance with treatment, repeated missed appointments, or breakdown of the therapeutic relationship].

Until the date mentioned above, we will be available to treat you for emergencies only or to assist you in finding a new provider. We recommend that you contact your insurance company or the local medical society to locate a new physician as soon as possible to ensure your care is not interrupted.

We are happy to transfer a copy of your medical records to your new physician. Please find the enclosed authorization form, which you must sign and return to us so that we may release your records.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]

Enclosure: Medical Records Release Form