

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: FINAL NOTICE OF TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is closing your medical file and discharging you as a patient, effective [30 Days from Date of Letter].

We are taking this action because we have made multiple unsuccessful attempts to contact you regarding [Reason: e.g., follow-up care, missed appointments, non-compliance]. Our records indicate attempts were made on [Date 1], [Date 2], and [Date 3]. As we have not received a response, we can no longer effectively manage your medical care.

For the next 30 days, until [Effective Date], we will be available to treat you for emergencies only or to provide you with referrals. This grace period is intended to give you sufficient time to locate a new healthcare provider.

We recommend that you contact your insurance provider or a local medical society to find a new physician as soon as possible. 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.

Sincerely,

[Physician Name/Signature]

[Practice Name]