

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that I am terminating our provider-patient relationship and discharging you from chiropractic care at [Clinic Name], effective [Date - usually 30 days from letter].

As we have discussed previously, successful chiropractic treatment requires adherence to the recommended plan of care. This decision has been made due to your non-compliance regarding:

- [Insert Reason: e.g., Frequent missed appointments/no-shows]
- [Insert Reason: e.g., Failure to follow prescribed home exercises]
- [Insert Reason: e.g., Non-adherence to the recommended treatment frequency]

Regular treatment is essential to your recovery and the management of your condition. Because you have been unable to follow the clinical recommendations, I can no longer provide you with effective care.

I recommend that you continue your care with another chiropractor as soon as possible to avoid a relapse or worsening of your symptoms. Until [Termination Date], I will be available to provide emergency care only. After that date, I will no longer be your treating physician.

Upon your written authorization, I will provide a copy of your medical records to your new provider. You may contact our office at [Phone Number] to facilitate this transfer.

Sincerely,

[Doctor Name], DC

[Clinic Name]