

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Clinic/Provider Name] is terminating the physician-patient relationship with you, effective [Date - typically 30 days from letter date].

This decision has been made due to continued non-compliance with the treatment plan and follow-up recommendations discussed during your appointments. Consistent adherence to medical advice is essential for providing safe and effective care. Unfortunately, the current circumstances prevent us from maintaining a productive therapeutic relationship.

We will continue to provide you with emergency medical care only until [Date]. After this date, we will no longer provide any medical services to you. We encourage you to secure a new healthcare provider as soon as possible to ensure continuity of your care.

You may contact your insurance provider or the local medical society for assistance in finding a new physician. Upon receipt of your written authorization, we will transfer a copy of your medical records to your new provider.

Sincerely,

[Physician Signature]

[Physician Name]

[Clinic Name]