

[Current 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] is terminating its practitioner-patient relationship with you effective [Date - typically 30 days from letter date].

This decision has been made following your repeated missed appointments on [Date 1], [Date 2], and [Date 3]. Our records indicate that we have sent previous notifications regarding our attendance policy; however, the pattern of non-compliance has continued. Consistent attendance is necessary for us to provide you with safe and effective medical care.

Until [Effective Date], we will remain available to treat you for any emergency needs or to provide urgent refills for existing medications. This 30-day period is intended to give you sufficient time to locate a new healthcare provider.

We recommend that you contact your insurance carrier or visit [Local Medical Society/Website] to find a new provider. Once you have selected a new physician, please sign the enclosed "Authorization to Release Records" form and return it to our office. We will forward a copy of your medical records to your new provider at no charge.

Sincerely,

[Physician Name/Practice Manager Name]

[Practice Name]

Enclosure: Medical Records Release Form