

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

Dear [Patient Name],

Please be advised that [Clinic Name] will no longer be able to provide medical care to you effective [Date - usually 30 days from letter date]. This decision is final and is a result of your violation of clinic policy regarding [Specific Policy Violation, e.g., missed appointments, disruptive behavior, or non-compliance].

This letter serves as a formal final notice. We will continue to provide emergency medical care and necessary prescriptions for the next 30 days, until [Date], to allow you sufficient time to establish care with another provider.

We recommend that you contact your medical insurance provider or local medical society to find a new physician as soon as possible. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Doctor Name/Administrator Name]

[Clinic Name]

[Phone Number]