

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: FINAL NOTICE - NOTICE OF DISMISSAL FROM MEDICAL PRACTICE

Dear [Patient Name],

This letter serves as formal notification that the physician-patient relationship between you and [Practice/Physician Name] is being terminated. This decision is final and follows a review of your medical record and your failure to adhere to the terms of the signed Prescription Agreement/Controlled Substance Contract dated [Date Agreement was Signed].

Specifically, the following violation(s) occurred: [Insert specific violation, e.g., failure of drug screening, unauthorized refills, obtaining prescriptions from multiple providers, or non-compliance with follow-up appointments].

Effective [Date 30 days from letter date], we will no longer provide any medical care, treatment, or prescription services to you. During this 30-day transition period, we will only be available to provide emergency care or to assist you in finding a new provider. We will not provide any further refills for controlled substances during this period.

We recommend that you secure a new healthcare provider as soon as possible. You may contact your insurance carrier or local medical society for a list of physicians accepting new patients. Upon receiving your written authorization, we will transfer a copy of your medical records to your new physician.

Enclosed is a medical records release form for your convenience.

Sincerely,

[Physician Name/Practice Manager]

[Practice Name]