

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

RE: Patient Name: [Patient Name] (DOB: [Date of Birth])

Dear [Parent/Guardian Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with [Patient Name], effective 30 days from the date of this letter. This decision follows a review of the patient's record, which indicates a pattern of missed appointments on the following dates: [List Dates].

Consistent attendance is vital for the health and safety of your child. Frequent "no-shows" prevent us from providing necessary medical care and impact our ability to serve other patients in need of treatment.

During the next 30 days, we will continue to provide emergency medical care only. This period is intended to give you sufficient time to locate a new pediatrician. We recommend contacting your insurance provider or the local medical society for assistance in finding a new provider.

Once you have selected a new physician, please complete and return the enclosed medical records release form. We will transfer a copy of your child's medical records to the new office to ensure a smooth transition of care.

We wish [Patient Name] the best in health.

Sincerely,

[Physician Name/Practice Manager]

[Practice Name]

[Phone Number]