

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Notice of Dismissal from Medical Care

Dear [Patient Name],

Please be advised that [Practice Name/Physician Name] will no longer be able to serve as your attending physician. This decision has been made due to continued non-compliance with the treatment plans and medical advice discussed during your appointments.

Effective 30 days from the date of this letter, our physician-patient relationship will be formally terminated. We will continue to provide care for emergency situations only until [Date 30 days from now]. This period is intended to allow you sufficient time to locate a new healthcare provider.

We recommend that you contact your health insurance provider or the local medical society to assist you in finding a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will forward a copy of your medical records to your new physician to ensure continuity of care.

Your health remains a priority, and we strongly encourage you to seek ongoing medical attention for your conditions.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Practice Name]