

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision has been made because of your continued failure to follow the medical advice and treatment plans necessary to maintain your health and safety.

Effective [Date 30 days from now], I will no longer be your attending physician. Until that date, I will remain available to provide care for emergency situations only, giving you sufficient time to establish care with another provider.

To ensure continuity of care, we recommend that you locate a new physician as soon as possible. You may contact your insurance provider or the local medical society for a list of available practitioners in your area.

Upon receiving a signed authorization form from you, we will provide a copy of your medical records to your new physician to assist with the transition.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]