

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Physician/Practice Name] will no longer be able to serve as your medical provider. This decision is being made due to your continued non-adherence to the treatment plan discussed on [Date of last discussion]. Consistent follow-through with medical recommendations is essential for us to provide safe and effective care.

Effective [Date, typically 30 days from letter date], our physician-patient relationship will officially terminate. Until that date, we will remain available to provide care for emergency situations only, giving you time to establish a relationship with a new physician.

To ensure your continuity of care, we recommend that you contact your insurance provider or a local physician referral service to find a new provider as soon as possible. We have included a medical record release form with this letter. Upon receiving your written authorization, we will transfer a copy of your medical records to your new physician.

Thank you for your immediate attention to this matter.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]