

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of the Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Practice/Physician Name] will no longer be able to provide you with medical care. This decision is a result of your continued non-compliance with the post-operative treatment plan and follow-up instructions provided to you following your surgery on [Date of Surgery].

Adhering to post-operative protocols is essential for your recovery, safety, and the success of the surgical procedure. Your failure to [specific examples: attend follow-up appointments/follow medication regimens/observe physical restrictions] has made it impossible to maintain a therapeutic relationship or ensure your clinical wellbeing.

We will continue to provide you with emergency medical care for the next 30 days, until [Date 30 days from now]. This grace period is intended to give you sufficient time to locate a new physician. After this date, we will no longer provide any medical services to you.

We recommend that you find a new healthcare provider as soon as possible to manage your ongoing recovery. You may contact your insurance provider or the local medical society for a referral.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. A medical record release form is enclosed for your convenience.

Sincerely,

[Physician Name/Signature]

[Practice Name]

Enclosure: Medical Record Release Form