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

[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 [Date - 30 days from letter date].

This decision has been made due to your history of frequent missed appointments without prior notification. According to our records, you have missed [Number] appointments on the following dates: [Dates of No-Shows]. Consistent attendance is necessary for us to provide you with appropriate medical care and to maintain the efficiency of our clinic for all patients.

Until [Date], we will be available to provide you with emergency medical care and necessary prescriptions only. This 30-day period is intended to give you sufficient time to locate a new healthcare provider.

We recommend that you contact your health insurance provider or 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 then forward a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name/Practice Manager]
[Practice Name]