[Date]

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

RE: FINAL NOTICE OF TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating its physician-patient relationship with you, effective 30 days from the date of this letter. This decision is being made due to your repeated missed appointments on [Date], [Date], and [Date].

Our records indicate that you have received prior warnings regarding our attendance policy. Frequent "no-shows" prevent us from providing timely care to other patients who require medical attention.

Effective [Date 30 days from now], our physicians will no longer be available to provide medical services to you. During this 30-day transition period, we will be available only for emergency care or to facilitate the transfer of your records to a new provider.

We recommend that you find a new physician as soon as possible. You may contact your insurance provider or the local medical society for a list of practitioners in your area. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office so that we may forward your files.

Sincerely,

[Doctor Name or Practice Manager Name]
[Practice Name]
[Phone Number]