[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 due to your repeated missed appointments without prior notification (no-shows) on the following dates: [List Dates].

Frequent no-shows disrupt our ability to provide care to all of our patients. Our records indicate that you have been previously notified of our attendance policy, yet the pattern has continued.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Insert Date]. This window is intended to give you sufficient time to locate a new primary care provider. We recommend contacting your insurance provider or the local medical society for assistance 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 forward a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name/Practice Manager Name]
[Practice Name]