[Date]

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

Dear [Patient Name],

Please be advised that [Clinic 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 consultations and failure to follow our attendance policy.

Consistency in care is vital for women's health management. Missing scheduled appointments prevents us from providing you with the necessary medical oversight and limits our ability to serve other patients in need of care.

We will be available to provide you with emergency medical care only for the next 30 days, until [Date 30 days from now]. This window is intended to give you sufficient time to locate a new healthcare provider. You may contact your insurance provider or the local medical society for assistance in finding a new clinic.

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

We wish you the best in your future health endeavors.

Sincerely,

[Doctor Name/Administrator Name]
[Clinic Name]
[Phone Number]