[Date]

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

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] is terminating our provider-patient relationship, effective [Date, typically 30 days from letter].

Consistent attendance is a critical component of a successful physical therapy rehabilitation program. Our records indicate that since [Start Date], you have had [Number] missed appointments or late cancellations. Despite our previous discussions regarding our attendance policy, the frequency of these occurrences has made it impossible to achieve your clinical goals and maintain your treatment plan.

Please be advised of the following regarding your transition:

- **Emergency Care:** We will remain available to provide emergency physical therapy consultations related to your current condition for the next 30 days, ending on [End Date].
- **Referrals:** We recommend that you continue your treatment with another provider to avoid a regression in your physical health. You may contact your insurance provider or primary care physician for a list of local physical therapy clinics.
- **Medical Records:** We will provide a copy of your treatment records to your new provider upon receipt of a signed authorization form, which is enclosed with this letter.

We wish you the best in your continued recovery.

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]