[Date]

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

Re: Notice of Dismissal from Medical Practice

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 repeated violations of our office policy regarding missed appointments. Our records indicate that you have failed to show for scheduled appointments on the following dates: [List Dates]. As stated in our signed patient agreement, consistent attendance is necessary to provide you with safe and effective medical care.

During the next 30 days, we will be available to provide you with emergency medical care and necessary prescription refills only. This period is intended to give you sufficient time to locate a new primary care provider.

We recommend that you contact your health insurance provider or local medical society to find a new family medicine practitioner. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office so that we may transfer your medical history to your new provider.

Sincerely,

[Physician Name/Practice Manager Name]
[Practice Name]
[Phone Number]

Enclosure: Medical Record Release Form