[Date]

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

Re: Termination of Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Clinic Name] is terminating its physician-patient relationship with you effective 30 days from the date of this letter. This decision has been made due to your history of repeatedly missed appointments without prior notification.

Our records indicate missed visits on the following dates: [List Dates]. Consistent attendance is vital for the effective management of your dermatological care and skin health.

We will continue to provide you with emergency care and necessary prescriptions related to your current treatment for the next 30 days, ending on [Date]. This period is intended to allow you sufficient time to establish care with another dermatology provider.

We recommend contacting your insurance provider or local medical society to find a new dermatologist. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office. We will then forward your medical records to your new provider to ensure continuity of care.

Thank you for your understanding.

Sincerely,

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