

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Final Notice of Dismissal from Practice

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the physician-patient relationship. This decision has been made due to your history of repeated late cancellations and missed appointments, which disrupts our ability to provide care to all our patients.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 Days from Now]. This should allow you sufficient time to establish care with a new provider.

We recommend that you contact your insurance provider or a local physician referral service to find a new healthcare provider as soon as possible. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician to ensure continuity of care.

Thank you for your understanding regarding this matter.

Sincerely,

[Doctor Name/Practice Manager Name]

[Practice Name]

[Phone Number]