

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

Re: Notice of Termination of Clinical Care

Dear [Patient Name],

This letter is to formally notify you that [Practice/Provider Name] will no longer be able to provide you with medical care. This decision has been made due to the high frequency of late cancellations and missed appointments, which prevents us from maintaining an effective treatment schedule.

The physician-patient relationship will officially terminate 30 days from the date of this letter, on [Effective Date]. During this 30-day period, we will be available to provide care for emergencies only or to assist you in refilling essential medications.

We recommend that you secure a new healthcare provider as soon as possible. You may find a new provider by contacting your insurance company or through the local medical society. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office so that we may transfer your records to your new physician.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Provider Signature]  
[Provider Name/Title]  
[Practice Name]