

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the provider-patient relationship with you effective [Date 30 days from now].

This decision has been made due to your history of chronic late cancellations. As previously discussed and noted in our office policy, reliable attendance is necessary to ensure the quality of your care and the efficient operation of our clinic. Unfortunately, the frequency of late cancellations has made it difficult to maintain an effective treatment schedule.

Until [Date 30 days from now], we will remain available to provide you with emergency care and necessary prescriptions only. We recommend that you secure a new healthcare provider as soon as possible to ensure continuity of your care.

Upon your written authorization, we will transfer a copy of your medical records to your new provider. You may contact our office at [Phone Number] to request the necessary release forms.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Provider Name/Signature]

[Practice Name]