

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Professional Relationship

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide you with medical care. This decision has been made due to your history of multiple 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 treatment and necessary prescriptions for the next 30 days, until [Date]. This grace period is intended to give you sufficient time to locate a new healthcare provider.

We recommend that you contact your insurance carrier or a local physician referral service to find a new provider as soon as possible. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office. We will promptly forward a copy of your medical records to your new provider to ensure continuity of care.

Thank you for your cooperation in this transition.

Sincerely,

[Doctor Name/Practice Manager Name]

[Practice Name]

Enclosure: Medical Record Release Form