

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that I am terminating our physician-patient relationship effective 30 days from the date of this letter. This decision is the result of repeated late cancellations and missed appointments, which interfere with our ability to provide consistent care and manage our schedule for all patients.

I will remain available to provide care for you on an emergency basis only until [Date 30 days from now]. This period is intended to allow you sufficient time to establish care with a new physician. After this date, I will no longer be able to provide medical services to you.

I recommend that you contact your insurance provider or a local physician referral service to find a new primary care provider as soon as possible. Upon receipt of a signed authorization form, we will provide a copy of your medical records to your new physician to ensure a smooth transition of care.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]