

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you effective [Date, typically 30 days from letter date].

This decision has been made due to your continued history of late cancellations. Despite our previous discussions and notifications regarding our office policy, the frequency of missed appointments has made it difficult to provide you with consistent care and prevents other patients from receiving timely treatment.

Until [Date], we will be available to treat you for any emergency needs only and to facilitate the transfer of your records. We recommend that you locate a new healthcare provider as soon as possible to ensure there is no interruption in your medical care.

Upon your written authorization, we will forward a copy of your medical records to your new physician. We have enclosed a medical record release form for your convenience.

Thank you for your cooperation.

Sincerely,

[Doctor Name/Practice Manager Name]

[Practice Name]