

[Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

RE: Notice of Termination of Medical Care

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision has been made due to your disruptive behavior in our waiting room on [Date of Incident].

Our practice is committed to providing a safe and respectful environment for all patients and staff. Behavior that interferes with the care of others or the operation of this office cannot be tolerated.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Insert Date 30 Days Out]. This window of time should allow you to establish care with a new healthcare provider.

We recommend that you contact your insurance carrier or the local medical society to locate a new provider. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office so that we may forward your records to your new provider.

Sincerely,

[Physician Name/Practice Manager Name]  
[Practice Name]