

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that you are being formally dismissed as a patient from [Clinic Name]. This decision is effective immediately.

This dismissal is a result of the incident that occurred on [Date of Incident], during which clinic property was intentionally damaged or destroyed. Our facility maintains a zero-tolerance policy regarding the destruction of property and any behavior that compromises the safety and integrity of our clinical environment.

We will provide you with emergency medical care and necessary prescriptions for the next 30 days, ending on [Date 30 Days from Now]. This grace period is intended to give you sufficient time to locate a new healthcare provider.

Upon receiving a signed authorization form from you, we will forward a copy of your medical records to your new physician to ensure a smooth transition of care.

Sincerely,

[Doctor/Administrator Name]

[Clinic Name]

[Phone Number]