

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Termination of the Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Physician Name or Practice Name] will no longer be able to serve as your medical provider. This decision has been made because of a breakdown in the physician-patient relationship, which makes it difficult to provide you with the appropriate level of care.

The termination of our professional relationship will be effective 30 days from the date of this letter, on [Date]. Until that time, we will be available to provide you with emergency medical care and necessary prescriptions only.

We recommend that you secure a new physician as soon as possible to ensure your medical needs continue to be met. You may wish to contact your insurance provider or the local medical society for a list of available physicians in your area.

To facilitate the transition of your care, we will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. We have enclosed a medical record release form for your convenience.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]