

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide you with medical care. This decision is effective as of [Date, typically 30 days from letter date].

This dismissal is a result of disruptive behavior that occurred on [Date of Incident]. Specifically, [brief description of behavior, e.g., verbal abuse toward staff/disruption of clinic operations]. Such conduct creates an environment that prevents us from providing the standard of care required for our patients and staff.

We will continue to provide emergency medical care for you until [Date 30 days out]. During this transition period, we recommend that you find a new physician as soon as possible. You may contact your insurance provider or the local medical society for a list of available doctors in your area.

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

Sincerely,

[Doctor Name/Administrator Name]

[Practice Name]

[Phone Number]