

[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 medical care to you effective [Date - typically 30 days from letter date]. This decision has been made due to repeated violations of our office policies, specifically regarding [mention specific policy, e.g., missed appointments/disruptive behavior/non-compliance].

We believe it is in your best interest to find a new healthcare provider who can better meet your needs. Until the effective date mentioned above, we will remain available to provide emergency care and necessary prescriptions only.

To ensure a smooth transition, we recommend you contact your insurance provider or local medical society to locate a new physician. Upon receiving a signed authorization form from you, we will transfer a copy of your medical records to your new provider.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Doctor Name/Practice Manager]

[Practice Name]