

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

[Date]

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

Dear [Patient Name],

Please be advised that I will no longer be able to serve as your attending physician. This decision has been made because of a breakdown in the doctor-patient relationship, resulting in a loss of mutual trust that is essential for providing quality medical care.

Effective [Date - typically 30 days from letter date], I will officially withdraw as your physician. Until that time, I will remain available to provide care for emergency situations only, to allow you sufficient time to establish a relationship with a new healthcare provider.

I recommend that you contact your insurance provider or the local medical society to assist you in finding a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office so that we may forward a copy of your medical records to your new doctor.

Sincerely,

[Doctor Signature]  
[Doctor Printed Name]