

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

[Date]

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

Re: Notice of Dismissal from Medical Practice

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 date of letter].

This decision has been made due to your failure to comply with the terms of the Medication Agreement signed on [Date]. Specifically, the following violation occurred: [Insert brief description, e.g., unauthorized refills, failure of drug screening, or obtaining medication from multiple providers].

We will continue to provide care for emergency situations only until [End Date]. During this 30-day period, you must secure a new physician. We recommend contacting your insurance provider or local medical society for a referral.

Upon your written authorization, we will transfer a copy of your medical records to your new provider to ensure continuity of care.

A final supply of your maintenance medications (non-controlled substances only) has been sent to your pharmacy to cover you during this transition period. No further refills for controlled substances will be issued by this office.

Sincerely,

[Physician Name]
[Practice Name]