

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision has been made due to your chronic tardiness for scheduled appointments, which has disrupted our ability to provide timely care to all our patients.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Insert Date]. This period is intended to allow you ample time to establish care with a new healthcare provider.

To assist in your transition, we recommend contacting your insurance provider or the local medical society to find a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will forward a copy of your medical records to your new physician at no charge.

We wish you the best in your future health endeavors.

Sincerely,

[Physician Name/Practice Administrator]

[Practice Name]