

{Clinic Name}  
{Clinic Address}  
{City, State, Zip Code}  
{Date}

{Patient Name}  
{Patient Address}  
{City, State, Zip Code}

Dear {Patient Name},

Subject: Notice of Dismissal from Medical Care

Please be advised that {Clinic Name} is terminating our provider-patient relationship with you, effective {Date - usually 30 days from letter date}.

This decision has been made due to repeated violations of our facility visitor policies. Despite previous discussions and warnings regarding {specific policy violated, e.g., guest behavior, number of visitors, or non-compliance with safety protocols}, the non-compliant behavior has continued. Maintaining a safe and respectful environment for all patients and staff is a priority that we cannot compromise.

Until the effective date mentioned above, we will remain available to provide emergency care and necessary prescriptions only. We recommend that you secure a new healthcare provider as soon as possible to ensure continuity of your care.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. You may contact our office at {Phone Number} to request the necessary release forms.

Sincerely,

{Doctor/Administrator Name}  
{Clinic Name}