

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision follows our previous discussions regarding your refusal to seek the recommended specialist care for [Condition/Reason].

Our medical team believes that the specialized treatment we recommended is essential for your safety and the proper management of your health. Because we cannot provide the level of care required for your condition without specialist involvement, we can no longer assume responsibility for your medical oversight.

We will continue to provide emergency medical care and necessary prescriptions for the next 30 days, ending on [Date]. This grace period is intended to give you sufficient time to locate a new healthcare provider. After this date, we will no longer be available to treat you or refill medications.

To assist in your transition, we recommend the following steps to find a new physician:

- Contact your health insurance provider for a list of in-network physicians.
- Contact the local Medical Society.
- Search the "Find a Doctor" directory on local hospital websites.

Upon receiving your written authorization, we will transfer a copy of your medical records to your new physician to ensure continuity of care. A medical release form is enclosed for your convenience.

We wish you the best in your future health endeavors.

Sincerely,

[Physician Name]

[Practice Name]