

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Clinic Name] is terminating the physician-patient relationship with you effective [Date - typically 30 days from letter date].

This decision has been made because of your continued noncompliance regarding the necessary referral to a specialist for [Mention Condition/Reason]. Despite multiple discussions and reminders on [Dates of previous communication], you have not followed through with this essential medical evaluation. This specialist consultation is critical for your safety and for us to provide you with a proper standard of care.

Until [Date], we will be available to provide you with emergency medical care and necessary prescriptions only. This period is intended to give you ample time to locate a new healthcare provider.

We recommend that you contact your health insurance company or local medical society to find a new primary care physician as soon as possible. Once you have selected a new provider, please sign the enclosed medical records release form and return it to our office so that we may transfer your files.

Thank you for your immediate attention to this transition.

Sincerely,

[Physician Name]

[Clinic Name]