

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Medical Care

Dear [Patient Name],

This letter is to formally notify you that I am terminating the physician-patient relationship between you and [Practice Name], effective 30 days from the date of this letter. This decision is being made because you have consistently declined to follow my medical recommendation to seek specialized care from a cardiologist.

As we have discussed, your medical condition requires the expertise of a cardiology specialist to ensure your safety and provide appropriate treatment. Because you have chosen not to follow this essential component of your care plan, I can no longer provide you with medical services that meet the standard of care required for your condition.

I will continue to be available to provide emergency medical care for you until [Date 30 days from now]. This 30-day period is intended to give you sufficient time to locate a new primary care physician or healthcare provider. I strongly urge you to secure a new physician as soon as possible to manage your health and address the need for specialist consultation.

Upon receipt of your written authorization, I will transfer a copy of your medical records to your new physician. I have enclosed a medical record release form for your convenience.

In the event of a medical emergency during this transition period, please call 911 or go to the nearest emergency room.

Sincerely,

[Physician Name]

[Practice Name]

Enclosure: Medical Record Release Form