

Current Date: [Date]

Patient Name: [Patient Full Name]

Address: [Patient Address]

City, State, Zip: [City, State, Zip]

Dear [Patient Name],

Please be advised that I am terminating the physician-patient relationship between you and [Practice Name]. Your formal discharge from this practice will be effective 30 days from the date of this letter, on [Effective Date].

This decision has been made because you have consistently declined our medical recommendations to seek a consultation with an oncology specialist regarding [Specific Medical Condition/Finding]. As your primary care physician, I believe that specialized oncological evaluation is essential to your safety and the proper management of your health. Your refusal to follow this clinical recommendation creates a barrier to providing the standard of care required for your condition.

During the next 30 days, I will remain available to you for emergency medical care and necessary prescriptions only. This period is intended to allow you sufficient time to locate a new healthcare provider. You may contact your insurance carrier or the local medical society for assistance in finding a new physician.

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

We strongly urge you to reconsider and seek a consultation with an oncologist as soon as possible, as timely diagnosis and treatment are critical for your health.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]