

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision follows your continued refusal to undergo a recommended evaluation by a Neurology specialist, as discussed during our appointments on [Date(s)].

As your primary care provider, I have explained that a neurological consultation is essential to properly diagnose and manage your current symptoms. Your rejection of this specialist evaluation prevents me from providing a safe and effective standard of care. Consequently, I can no longer accept responsibility for your medical management.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 days from now]. This period is intended to give you sufficient time to locate a new healthcare provider.

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

- Contacting your medical insurance provider for a list of in-network doctors.
- Contacting the [Local State/County] Medical Society.
- Using the "Find a Doctor" tool on your local hospital's website.

Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will promptly forward a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]