

[Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**RE: Notice of Termination of the Physician-Patient Relationship**

Dear [Patient Name],

This letter is to formally notify you that [Physician Name/Practice Name] will no longer be able to provide you with medical care. This decision has been made because of your refusal to follow medical advice regarding a necessary referral to a specialist for [Specific Condition/Reason].

As previously discussed, your refusal to seek specialist care against our medical recommendation makes it impossible to provide you with the standard of care required for your health and safety. This disagreement has resulted in a breakdown of the physician-patient relationship.

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 should provide you with sufficient time to locate a new physician. After this date, we will no longer treat you or provide refills.

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

Your health remains a priority, and we strongly urge you to reconsider seeking the specialist care previously recommended to address your current medical condition.

Sincerely,

[Physician Signature]  
[Physician Name]  
[Practice Name]

Enclosure: Medical Records Release Form