

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is formally terminating the physician-patient relationship with you, effective 30 days from the date of this letter.

This decision has been made because you have repeatedly declined the orthopedic treatment plans and specialist recommendations deemed medically necessary for your condition. As these treatments are essential to providing you with an acceptable standard of care, we can no longer effectively manage your orthopedic health.

We will remain available to treat you for any orthopedic emergencies related to your current condition on an interim basis until [Date 30 days from now]. This notice period is intended to provide you with sufficient time to establish care with another orthopedic specialist.

We recommend that you contact your medical insurance provider or a local physician referral service to locate a new provider as soon as possible. Upon receipt of your written authorization, we will transfer a copy of your medical records to your new physician to ensure continuity of care.

Thank you for your immediate attention to this matter.

Sincerely,

[Physician Name]

[Practice Name]