[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 [Date, typically 30 days from letter].

This decision has been made due to the discovery of falsified information within your medical records. Specifically, it was determined that [Optional: brief description of falsification, e.g., external records were altered / inaccurate medical history was provided]. Trust is a fundamental requirement of the medical relationship, and the integrity of your medical record is essential for providing safe and effective care.

Until the effective date mentioned above, we will be available to provide you with emergency care only. This notice period is intended to give you sufficient time to locate a new healthcare provider.

We recommend that you contact your insurance provider or a local physician referral service to find a new doctor. Upon receiving a signed authorization form from you, we will provide a copy of your medical records to your new provider to ensure a smooth transition of care.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]