[Date]

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

Re: Notice of Discharge from Medical Practice

Dear [Patient Name],

Please be advised that [Practice Name] is officially terminating the physician-patient relationship with you, effective [Number, typically 30] days from the date of this letter. After [Date], we will no longer provide you with medical care.

This decision has been made due to the discovery of forged medical documentation associated with your records. Specifically, it has come to our attention that [Insert brief description of forgery, e.g., a prescription was altered / a work release form was falsified]. Such actions constitute a fundamental breach of trust and a violation of our practice policies, making it impossible to maintain a therapeutic relationship.

During this transition period, we will remain available to provide emergency care and necessary prescriptions only until [Date]. We encourage you to secure a new healthcare provider as soon as possible.

To facilitate your transition, we will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. You may contact our office at [Phone Number] to obtain this form or to request a list of local providers who may be accepting new patients.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]