[Current Date]

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

Dear [Patient Name],

This letter is to formally notify you that [Medical Practice Name] is terminating the physician-patient relationship with you, effective [Date, typically 30 days from date of letter].

The reason for this dismissal is the discovery of fraudulent information provided in your medical records and/or intake documentation. Trust and honesty are essential components of the physician-patient relationship. Providing false, misleading, or incomplete medical information compromises our ability to provide you with safe and effective medical care.

Until [Date], we will be available to treat you for emergency situations only. This will provide you with time to find a new healthcare provider. We recommend that you contact your insurance company or local medical society to assist you in locating a new physician as soon as possible.

Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician to ensure continuity of care. You may contact our office at [Phone Number] to obtain the necessary authorization form.

Sincerely,

[Doctor Name/Practice Manager Name]
[Medical Practice Name]