[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 immediately. You will no longer be seen as a patient at this practice.

This decision has been made following a formal review of your medical records. It has been determined that you have engaged in the falsification of medical records and/or provided fraudulent information regarding your medical history. Such actions constitute a serious violation of our practice policies and fundamentally compromise the integrity of the clinical care we provide.

For the next 30 days, until [Date 30 days from now], we will only be available to provide emergency medical care and necessary prescriptions to ensure your safety while you transition to a new provider. After this date, we will no longer provide any medical services to you.

We recommend that you secure a new physician as soon as possible. You may contact your insurance provider or the local medical society for a list of available practitioners in your area.

Your medical records are confidential. We will transfer a copy of your records to your new physician once we receive a signed authorization form from you. A records release form is enclosed with this letter for your convenience.

Sincerely,

[Provider Name/Administrator Name]
[Practice Name]

Enclosure: Medical Records Release Form