[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 30 days from now].

This decision has been made due to recent instances of disrespectful and inappropriate communication toward our staff. Our practice maintains a policy of mutual respect to ensure a safe and professional environment for both patients and healthcare providers. Unfortunately, your conduct has made it impossible to maintain a functional therapeutic relationship.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 days from now]. This period is intended to allow you sufficient time to locate a new healthcare provider.

To assist in your transition, we recommend contacting your insurance provider or the local medical society for a list of physicians currently accepting new patients. Upon receiving a signed authorization form from you, we will transfer a copy of your medical records to your new physician.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name/Practice Manager Name]
[Practice Name]