[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 [Number, typically 30] days from the date of this letter. After this date, we will no longer be able to provide you with medical care.

This decision has been made due to your recent communication behavior toward our staff, specifically [briefly mention behavior, e.g., the use of profanity, threats, or verbal abuse] on [Date]. We maintain a policy of mutual respect, and your conduct has made it impossible to maintain a therapeutic relationship.

Until [Date 30 days from now], we will be available to treat you for emergencies only and to provide necessary prescriptions. This notice period is intended to give 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. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will transfer a copy of your medical records to your new physician at no cost to you.

Sincerely,

[Physician Name/Signature]
[Practice Name]