[Date]

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

Re: Notice of Dismissal from Medical Practice

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective [Number] days from the date of this letter. Your final date of care with this practice will be [Date].

This decision has been made due to the threatening communication directed toward our medical staff on [Date of Incident]. Our practice maintains a zero-tolerance policy regarding behavior that compromises the safety, security, or well-being of our caregivers and employees.

Until [Date], we will be available to provide care for emergency situations only. This notice period is intended to allow you sufficient time to establish care with another provider. We recommend contacting your insurance carrier or the local medical society to assist you in finding a new physician.

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 release forms.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]