[Date]

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

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide you with medical care, effective [Number] days from the date of this letter. This decision is a result of your recent conduct toward our staff on [Date/Occasion], which we have determined to be inconsistent with a safe and respectful professional environment.

We believe that a relationship of mutual respect is essential for the delivery of quality healthcare. Because this foundation has been compromised, we must discontinue our physician-patient relationship. Your official discharge date from this practice will be [Final Date].

Until [Final Date], we will remain available to provide you with emergency medical care only. We recommend that you secure a new healthcare provider as soon as possible to ensure your care is not interrupted. You may contact your insurance provider or the local medical society for a list of available physicians in your area.

We are happy to transfer a copy of your medical records to your new provider upon receipt of a signed authorization form. You may find this form enclosed or available at our front desk.

Sincerely,

[Physician Name/Signature]
[Practice Name]