

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Termination of Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide you with obstetric care. This decision has been made because we have reached an impasse regarding the medical recommendations and treatment plan necessary to ensure a safe pregnancy and delivery.

Safe obstetric care is based on a cooperative relationship and mutual agreement on essential medical interventions. Your refusal to consent to [Specific Treatment/Procedure/Testing] prevents us from providing care that meets the recognized standard of medical safety for both you and your unborn child.

We will continue to provide you with emergency care and treatment for the next 30 days, ending on [Date]. This period is intended to give you sufficient time to establish care with another obstetric provider. We strongly urge you to secure a new physician immediately to ensure your prenatal care is not interrupted.

You may contact your insurance provider or the local medical society for a list of available obstetricians in your area. Upon receiving your written authorization, we will transfer a copy of your medical records to your new physician.

We wish you the best for a healthy pregnancy and delivery.

Sincerely,

[Physician Name/Signature]

[Practice Name]