[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 30 days from the date of this letter. This decision is being made due to repeated attempts to seek care by walking into the clinic outside of our posted office hours and demanding immediate attention after the facility is closed.

The safety of our staff and the integrity of our scheduling system are essential to providing quality care. Despite previous discussions regarding our office hours and appointment procedures, these unscheduled disruptions have continued, making it impossible to maintain a professional relationship.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Insert Date], to allow you time to find a new healthcare provider. After this date, we will no longer provide any medical services to you.

To ensure a smooth transition, we recommend contacting your insurance provider for a list of participating physicians in your area. You may also contact the [Local Medical Society/Board] for a referral.

We are happy to transfer your medical records to your new physician once we receive a signed authorization form from you. You may request this form by calling our office during regular business hours.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Doctor Name/Practice Manager]
[Practice Name]