[Date]

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

Dear [Patient Name],

This letter is to inform you that our professional relationship is being terminated. To ensure you have adequate time to transition your care to a new provider, we will provide emergency medical care only for the next thirty days, effective through [Date].

During this thirty-day period, we will not provide routine check-ups, non-urgent consultations, or elective procedures. We recommend that you contact your insurance provider or local medical society immediately to locate a new physician who can assume your ongoing care.

Upon your written authorization, we will transfer a copy of your medical records to your new provider to ensure a smooth transition.

Sincerely,

[Physician/Practice Name]
[Contact Information]