

[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. After this period, we will no longer be able to provide you with medical care.

This decision has been made because it has come to our attention that you have been seeking and obtaining prescriptions for controlled substances from multiple healthcare providers simultaneously. This practice, often referred to as "doctor shopping," is a violation of our office policy and the patient-provider agreement signed at the start of your treatment. It also poses significant risks to your health and safety.

During the next 30 days, we will be available to treat you for any emergency medical needs and to facilitate the transfer of your medical records to a new physician. We recommend that you find a new primary care provider or specialist as soon as possible. You may contact your insurance provider or the local medical society for a referral.

Upon receipt of your written authorization, we will forward a copy of your medical records to your new physician. A records release form is enclosed for your convenience.

We wish you the best in your future medical care.

Sincerely,

[Physician Name]

[Practice Name]

Enclosure: Medical Records Release Form