

[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 immediately. You will no longer be seen as a patient at this clinic.

This decision has been made due to the discovery of prescription forgery. Such actions constitute a fundamental breach of trust and a violation of the professional relationship necessary for medical care. This behavior is also a violation of clinic policy and legal statutes.

For the next 30 days, we will be available to provide emergency care only and to facilitate the transfer of your medical records to a new provider. This 30-day period will end on [Date].

We recommend that you find a new physician as soon as possible. You may contact your insurance provider or the local medical society for a referral. Upon receipt of a signed authorization form, we will forward a copy of your medical records to your new physician.

Sincerely,

[Doctor Name]

[Practice Name]