

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Immediate Dismissal from [Clinic Name]

Dear [Patient Name],

Please be advised that the professional relationship between [Clinic Name] and yourself is terminated effective immediately. You will no longer be seen as a patient at this clinic, and you are prohibited from entering the premises.

This decision has been made due to your abusive and inappropriate behavior toward our staff on [Date]. Specifically, [briefly describe incident, e.g., the use of profanity, threats, or physical intimidation]. Our clinic maintains a zero-tolerance policy regarding the mistreatment of our employees. Such conduct creates an unsafe environment and interferes with our ability to provide care to all patients.

Because you may require ongoing medical attention, we will provide emergency care only for the next [30] days, ending on [End Date]. This period is intended to allow you sufficient time to locate a new healthcare provider. After this date, we will no longer provide any medical services, prescriptions, or consultations.

We will transfer a copy of your medical records to your new provider once we receive a signed authorization form from you. You may contact [Phone Number/Department] to facilitate this transfer.

Sincerely,

[Signature]

[Name of Physician or Clinic Manager]

[Title]

[Clinic Name]