

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Termination of Medical Care

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to serve as your medical provider. This decision has been made due to your continued non-compliance with the agreed-upon treatment plan and a consistent pattern of missed appointments.

Effective [Date 30 Days from Letter Date], our physician-patient relationship will officially terminate. We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days while you locate a new provider.

We recommend that you find a new physician as soon as possible to ensure there is no interruption in your care. You may contact your insurance provider or the local medical society for a list of available doctors in your area.

Enclosed is a medical records release form. Once you have selected a new physician, please sign and return this form to us so that we may transfer a copy of your medical records to your new office.

We wish you the best in your future health endeavors.

Sincerely,

[Physician Name/Practice Administrator]
[Practice Name]