

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] will no longer be able to provide you with medical care. Your dismissal from our practice is effective 30 days from the date of this letter, on [Date].

This decision has been made due to repeated requests for early refills of controlled substance prescriptions. These requests are inconsistent with the treatment agreement signed on [Date] and our practice's established medication management policies.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days to allow you sufficient time to establish care with a new physician. After [Date], we will no longer provide any medical services, including prescription refills.

We recommend that you contact your health insurance provider or local medical society to locate a new healthcare provider as soon as possible. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office so that we may forward your records to your new provider.

Sincerely,

[Physician Name]

[Practice Name]