

(Practice Name)

Date:

Dear _____ (Patient Name):

This letter will serve as formal notice that I will no longer be able to provide _____ care to you because (**generic reason**).

Sample language for reasons includes:

- a. I am retiring/moving
- b. You have failed to follow my advice and recommendations
- c. You have not followed through to pay the outstanding balance on your account
- d. There are differences in our views of your medical care and treatment
- e. Your inappropriate behavior in my office and with my staff/myself

I will continue to provide you with emergency care for no longer than thirty (30) days following receipt of this letter. This period of time should give you ample opportunity to select a new physician. Upon receipt of your written request, I will forward a copy of your medical record to your new physician.

I encourage you to select a new physician promptly.

Sincerely,

(Name of physician)