

Date

**CERTIFIED MAIL and Regular Mail**

Name

ADDRESS

ADDRESS

Re: (patient name)

Dear \_\_\_\_\_:

This letter is to serve as notice to you that I am discontinuing our patient/physician relationship.

I will no longer be available to provide you with medical care effective thirty (30) days from the date of this letter. The above termination date should give you ample time to select another physician of your choice. Should you require urgent medical care prior to the termination date, you may contact me for care and treatment.

Please check with your health plan for names of other providers on your plan. You may also contact the local medical society for names of other providers in your area.

Upon written authorization, I will be happy to provide copies of your medical records to your new physician. Please contact my office for a written release form.

Sincerely,

DR. XXX