

## SAMPLE LETTER OF DISMISSAL FROM THE PRACTICE

(Date)

Sent via: Certified mail, return–receipt requested and by U.S. Mail

Dear Patient:

The purpose of this letter is to inform you that I can no longer serve as your physician. The reason for this decision is *(insert an explanation of the patient's specific actions and the reasons that led up to the decision to end the physician-patient relationship)*.

Though we have discussed this situation in the past, there has been no improvement in *(insert an explanation of the patient's condition, the further services needed and the likely consequences of failure to obtain continuing care)*.

For these reasons, I feel it would be in your best interest to find another physician who is better suited to meet your needs. I will continue to serve as your physician and provide needed medical services until \_\_\_\_\_. If you need assistance in finding another physician, I suggest you contact the county or state medical society or \_\_\_\_\_.

Please contact my office as soon as you have found another physician so that we can transfer your records. For your convenience, an authorization for release of your medical records is enclosed. Please advise your new physician that I would be happy to talk to him or her, as well as provide a summary of your medical needs and the treatments I have provided.

Sincerely,

Physician signature and name

Enclosures: Authorization for Records Form

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