

DATE

NAME & ADDRESS
OF PATIENT

Dear _____:

The purpose of this letter is to inform you that I will no longer be able to serve as your physician. The reasons for my decision are as follows [insert a brief and factual description of the behaviors resulting in your decision].

As you [do or may] need medical attention in the future, I recommend that you promptly find another physician to care for you. You may require ongoing medical attention for the following: [*list conditions*]. You may contact the local medical society [*give address and phone number*] or hospital [*give phone number*] for the names of physicians who are accepting new patients.

To give you time to find a new physician, I will remain available to treat you for the next 30 days. In the event you have an emergency prior to the transfer of your care to another physician, you may call the office. When you have selected another physician, please send me a signed authorization (enclosed) so that I can provide a copy of your medical chart to your new physician.

Sincerely,

Enclosure