

# Letter of Cessation of Patient-Physician Collaboration

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

I hope this letter finds you in good health. I am writing to formally inform you that I will no longer be able to continue our physician-patient collaboration as of [effective date]. This decision was not made lightly, and I believe it is in the best interest of both parties.

Please be assured that I will ensure a smooth transition for your ongoing healthcare needs. I encourage you to seek a new physician who can provide the care you require. If you need assistance in finding a suitable healthcare provider, please let me know.

Thank you for the trust you have placed in me during our time together. I wish you all the best in your future health endeavors.

Sincerely,

[Your Name]

[Your Title/Position]