

Medical Service Termination Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Patient Name],

We are writing to inform you that, effective immediately, our medical services for you will no longer be provided. This decision has been made due to ongoing non-compliance with prescribed treatment protocols and agreements we previously discussed.

We have made multiple attempts to address these issues and encourage you to adhere to the necessary treatment plans. However, unfortunately, we have not seen the required changes.

Please ensure that any necessary medical records are transferred to your new healthcare provider, and do not hesitate to reach out to our office should you need assistance with this process.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Your Name]

[Your Title]

[Medical Practice Name]

[Contact Information]