

Notice of Termination of Medical Services

Date: [Insert Date]

[Patient's Name] [Patient's Address] [City, State, Zip]

Dear [Patient's Name],

We are writing to inform you that, due to changes in our service offerings, we must terminate your medical services with us, effective [Insert Termination Date]. This decision was not made lightly and is a result of [brief reason for service changes].

We recommend that you seek alternative medical care, and we are happy to assist you in this process. Please let us know if you need referrals to other medical providers, or if you require any further assistance during this transition.

Thank you for allowing us to be a part of your healthcare journey. We truly appreciate your understanding during this time of change.

Sincerely,

[Your Name] [Your Title] [Medical Practice Name] [Contact Information]