

# Medical Service Termination Letter

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We hope this letter finds you well. We are writing to inform you that, unfortunately, we must terminate our medical services to you, effective immediately. This decision has been made due to a lack of communication that has hindered our ability to provide you with the best possible care.

We value the trust you placed in us and regret that we have been unable to connect and coordinate effectively regarding your healthcare needs. Our primary goal has always been to ensure you receive appropriate and timely medical attention, but it has become clear that we cannot achieve this without open communication.

Please seek alternative medical services at your earliest convenience to ensure the continuity of your care. We recommend that you gather your medical records, which can be forwarded to your new provider upon your request.

Should you have any questions or require further assistance during this transition, please feel free to contact our office by [insert contact information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Medical Practice Name]

[Contact Information]