

Notification of Termination of Medical Services

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that, as of [termination date], we will no longer be able to provide medical services to you.

This decision was made after careful consideration and is in accordance with our practice policies. The reasons for this termination include [briefly explain reasons, if appropriate].

We recommend that you seek another healthcare provider to ensure continuity of care. You may contact local medical facilities or your insurance provider for assistance in finding a new doctor.

Please ensure that you have any necessary medical records transferred to your new provider. If you need assistance with this process, feel free to contact our office.

We appreciate the opportunity to have served you and wish you all the best in your future healthcare endeavors.

Sincerely,

[Your Name]

[Your Title]

[Medical Practice Name]

[Contact Information]