

# Medical Service Termination Letter

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your request to terminate medical services at our practice. It is important to us that you feel comfortable and supported during this transition.

Your termination of service will take effect on [effective date]. We encourage you to seek alternative medical care to ensure continuous support for your health needs.

If you require copies of your medical records, please submit a written request to our office, and we will be happy to assist you.

Thank you for allowing us to be part of your healthcare journey. We wish you all the best in your future health endeavors.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Practice Address]

[City, State, Zip Code]

[Phone Number]