

Medical Service Termination Notice

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to inform you that due to [provider's name or organization's] relocation, we will no longer be able to provide medical services at our current location. As such, your medical services with us will be officially terminated effective [termination date].

We recommend that you seek a new healthcare provider as soon as possible to ensure continuity of care. If you need assistance in finding a new doctor, please do not hesitate to contact our office.

Thank you for allowing us to serve you. We wish you the best in your future healthcare endeavors.

Sincerely,

[Your Name]

[Your Title]

[Provider's Name or Organization]

[Contact Information]