

Notice of Termination of Healthcare Services

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We regret to inform you that [Healthcare Provider's Name] will be terminating your healthcare services effective [Termination Date]. This decision was made due to [brief explanation of the reason for termination, e.g., "repeated missed appointments," or "inability to meet care requirements"].

We sincerely appreciate the time we have spent together and your trust in our services. We recommend that you find a new healthcare provider at your earliest convenience, and we are happy to assist you in obtaining your medical records. Please contact our office for any assistance needed during this transition.

If you have any questions or would like to discuss this matter further, please do not hesitate to contact us at [Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Contact Information]