

Sample Letter for Discontinuing Patient Care

(Type on physician's own letterhead)

(Date)

Dear

Please be advised that I will no longer provide medical care to you effective _____ (date) _____ because _____ (*). I will remain available until the above date for emergency care only.

Please select another physician within this time frame to continue your care. You may call _____ (Physician Referral Service) _____ for assistance in selecting another physician.

The risks of not continuing your medical care include, but are not limited to, the following:

I am including a medical record request form that requires your signature and identification of the physician selected. Once my office receives the form, a copy of your records will be transferred within 15 days.

Sincerely,

Physician Name

Enclosure

* If you provide a reason, keep it brief and factual. For example, "I've recommended treatments and tests, but after repeated discussions, you have declined to follow my advice. Since it appears you have lost confidence in my advice, I must withdraw as your physician."