

SAMPLE PATIENT TERMINATION LETTER
USE DEPARTMENT LETTERHEAD

Date _____

Patient Address _____

Certified Mail # _____

Dear _____:

This letter is to inform you that I will no longer be your physician and will stop providing medical care to you effective 30 days from date you receive this letter.

I will continue to provide routine and emergency medical care to you for 30 days while you seek another physician.

I suggest you consult the local physician referral service, your county medical society, or the yellow pages of your telephone book as soon as possible so that you may find another physician who will assume responsibility for your care.

I will be pleased to assist the physician of your choice by sending him or her a copy of your medical records.

Sincerely,

(Physician Signature)
Department of _____

Instructions

1. Retype the letter onto TTUHSC letterhead;
2. A reason for the dismissal may be given but is not necessary;
3. Include the telephone numbers of the local physician referral service and county medical society whenever possible.
4. Send this letter to patient by certified mail with return receipt requested and regular mail;
5. File copy of letter and delivery receipt in patient's chart;
6. If unable to reach the patient by mail, or in the alternative, the letter may be hand-delivered at an appointment and documented in the medical record;
7. This is a sample and may be modified - please call Risk Management for assistance.