

# Dismissal Letter From Medical Practice

[Your Name]

[Your Title/Position]

[Medical Practice Name]

[Practice Address]

[City, State, Zip Code]

[Date]

[Recipient's Name]

[Recipient's Title/Position]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. It is with regret that I am writing to inform you that your employment with [Medical Practice Name] will be terminated, effective [termination date]. This decision has been made after careful consideration and evaluation of various factors affecting the practice and your performance.

The reasons for your dismissal are as follows:

1. [Performance Issues]: We have noticed recurring performance concerns in your role, such as [specific issues or incidents]. Despite previous discussions and efforts to address these matters, there has been little improvement.
2. [Attendance and Punctuality]: Consistent attendance and punctuality are crucial to maintaining a high standard of patient care and running an efficient medical practice. Unfortunately, your attendance and punctuality record have not met our expectations.
3. [Communication Skills]: Effective communication is vital in any medical setting. We have observed instances where your communication with patients and colleagues has fallen short of the standard we expect from our team.

4. [Professional Conduct]: As a representative of [Medical Practice Name], we hold all our employees to the highest professional standards. We have received complaints regarding unprofessional behavior from both patients and staff members.

While we understand that everyone faces challenges, it is essential for our practice to maintain a team that consistently upholds the values and standards we adhere to. Despite previous efforts to address these concerns, we have not seen the necessary improvements required for your continued employment.

We will ensure that you receive all your entitled compensation and benefits up to your last working day. Additionally, you will be provided with information about any severance package or final paycheck details.

Please arrange a meeting with the human resources department on [contact information] to discuss the logistics of your departure and to return any company property, credentials, or confidential information in your possession.

We understand that this may be a difficult time for you, and we wish you the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title/Position]

[Medical Practice Name]