

# Professional Dismissal Letter

Dear [Patient's Name],

We regret to inform you that, as of [Effective Date], [Medical Practice Name] will no longer be able to provide you with medical services. This decision has been made after careful consideration, and it is in line with our practice policies.

We recommend that you seek an alternative healthcare provider promptly to ensure continuity of care. Enclosed is a list of local practices that may be able to accommodate your medical needs.

Please contact our office to arrange the transfer of your medical records to your new provider. We appreciate your understanding and wish you the best in your continued healthcare journey.

Sincerely,

[Doctor's Name]

[Medical Practice Name]

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