Termination Letter for Non-compliance

Dear [Patient's Name],

This letter serves as formal notice that, effective [Date], our practice will no longer be able to provide care for you. This action is due to repeated non-compliance with treatment plans and office policies. Your health is important, and we encourage you to continue care with another qualified medical provider. Please contact our office to request copies of your medical records for transfer purposes. We regret any inconvenience this may cause and appreciate your attention to this matter.

Sincerely,

[Doctor's Name]

[Medical Practice Name]