

Preliminary Dismissal Notice

Dear [Patient's Name],

This letter serves as a preliminary notice regarding your care at [Medical Practice Name]. Due to [reasonâ€”behavioral, non-compliance, etc.], we may be unable to continue providing services after [Potential Effective Date].

We encourage you to address the issues outlined and contact our office to discuss any concerns.

Failure to resolve these matters may result in a formal dismissal.

Sincerely,

[Doctor's Name]

[Medical Practice Name]

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