

Official Dismissal Letter

Dear [Patient's Name],

After careful review, it is with regret that [Medical Practice Name] informs you that we will no longer be able to provide medical care to you, effective [Date]. This decision is final and has been made in accordance with our policies and ethical obligations.

Please arrange for another healthcare provider and contact our office to transfer your medical records. Your cooperation is appreciated in ensuring a smooth transition.

Sincerely,

[Doctor's Name]

[Medical Practice Name]

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