

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Return address:  
Name  
Address Line 1  
Address Line 2  
City, State Zip Code

Date

Name  
Company  
Address Line  
City, State Zip Code

Re: Termination of Physician's Care – Patient to Doctor

Dear Dr. :

I am withdrawing myself as your patient. I have been a patient of yours for the past 6 months. In the four times that I have been to see you, I have had less than adequate service. Three out of four times, you have been an hour late in seeing me. In addition, your lack of communication makes me cautious to a mishap occurring. For example, at my last visit, when I said I had a back pain, you immediately diagnosed that I perhaps had kidney problems. However, after visiting another physician, I learned that I just had pulled a muscle. For the safety of my life, I am withdrawing my files.

Sincerely,

N A M E