[date]

[Patient Name]

[Patient Address]

Dear [Patient]

I am writing to inform you that Dr [name] will no longer be able to provide healthcare services to you and that your enrolment at [Practice Name] has been ended. You can contact the PHO [insert PHO name, website, and/or phone number here] to help you find a new doctor, or look on the internet.

**[DELETE IF NOT APPLICABLE]** This decision has been made on the basis of outstanding debt owed to the practice and a genuine concern that the relationship between yourself and Dr [name] has been compromised.

**[DELETE IF NOT APPLICABLE]** This decision has been made on the basis of fee-for-service deduction records over the previous 6 months showing that [Practice Name] is no longer your regular and ongoing provider for first-level health services.

**[DELETE IF NOT APPLICABLE]** This decision has been made because the staff at [Practice Name] feel threatened and intimidated by your behaviour during your visits to our practice. This behaviour has occurred on a number of occasions, and compromises the relationship that you have with all of the health providers at the practice. In addition to providing care to our patients, we also have a duty to look after our staff and act as a responsible employer.

When you have found a new doctor, please register with them so we can forward your patient records to that medical centre.

We wish you well for the future.

Yours sincerely

[Practice Manager name]
Practice Manager