Click here to enter text.

Click here to enter text. **Via: Certified and Regular Mail**

Click here to enter text.

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Re: Notice of Termination of Physician-Patient Relationship

Dear Click here to enter text.,

This letter serves to give you notice of termination of the physician-patient relationship, and to inform you that, effective 30 days from the date of this letter, I will no longer provide you with medical care for the following reason(s):

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

I advise you to contact your health care plan’s member services department for a referral to another primary care physician.

Should you need a copy of your medical record, please contact the Texas Tech University Health Sciences Center El Paso Medical Records Department at 915-215-4487.

If, during this 30-day period, you should require urgent or emergent care, go to the nearest emergency room of your choice.

Sincerely,