[Date]

**PRIVATE & CONFIDENTIAL**

**ADDRESSEE ONLY**

Dear [*insert patient’s name*]

As discussed with you on [*insert date*], I am writing to confirm that I am unable to continue as your treating doctor.

Our doctor-patient relationship has broken down and it is in your best interests to seek ongoing care from another doctor [*this paragraph can be altered to suit the particular circumstances*].

I would be grateful if you would let our practice know in writing of the name of your new treating doctor. We will promptly forward a complete copy of your medical records at no cost to you, to ensure continuity of your medical care. I enclose a transfer of medical record form for you to complete.

If any urgent health issues arise in the meantime, please attend your local Emergency Department.

Yours sincerely

**Dr Y**