



Family First Medical Practice
24 Main Street
Cupertino, CA 99666
(123) 456-6666
Jan. 21, 2016

Anne Boleyn
111 Hampton Court
New London, California 99999

Dear Ms. Anne Boleyn

I find it necessary to inform you that as of Feb. 21, 2016, I am withdrawing from further professional attendance upon you.

Since your condition requires continued medical attention, I suggest that you place yourself under the care of another physician without delay. The above termination date should give ample time to select a physician of your choice from the many competent practitioners in this city. If you are not acquainted with another physician, I suggest that you contact the County Medical Society (455-5555). Should a medical emergency arise before the above stated termination date, you may contact me for treatment.

I shall make my records of your care available to the physician you designate below. Since your records are confidential, I shall require your written authorization to make them available to another physician. For this reason, I am including an authorization form at the end of this letter. Please complete it and return it to me.

I am sorry that I cannot continue as your physician. I extend to you my best wishes for your future health and happiness.

Sincerely,

Elizabeth Blackwell, M.D.
EB/ab

Date: _____

To: Elizabeth Blackwell, M.D.

I hereby authorize you to transfer or make available to _____, M.D.,
address: _____, all the records
and reports relating to my medical treatment.

Signed: _____
Anne Boleyn