

CHANG LEE, M.D.
Obstetrics and Gynecology

Termination Letter

Chang Lee M.D.
399 E Highland Ave Ste 223
San Bernardino, CA 92404

Dear _____,

As you know, a good relationship between a physician and his patient is essential for quality medical care. There are times when this relationship is no longer effective and the physician finds it necessary to ask the patient to select another physician.

This letter is to inform you that I am no longer willing to be your obstetrician or gynecologist. The reason for this decision is that

_____.

Our office will continue to direct your care for any emergencies that arise over the **next 3 weeks**. It is imperative that you select another physician and arrange with our office for your records to be sent to your new physician as soon as possible. We suggest for you to find a physician at Arrowhead Regional Hospital Clinic or Loma Linda University Hospital Clinic.

Sincerely,

Chang Lee, M.D.

Date: _____