

[Date]

[Physician Name]

[Address]

[City, State, Zip Code]

Re: Final Extension of Locum Tenens Agreement

Dear Dr. [Last Name],

This letter serves as a formal amendment to your current Locum Tenens agreement with [Facility/Organization Name]. We are pleased to offer a final short-term renewal of your contract.

The terms of the renewal are as follows:

- **Extension Period:** [Start Date] to [End Date]
- **Assignment Location:** [Department/Clinic Name]
- **Compensation:** [Rate] per [Hour/Shift/Day]
- **Schedule:** [Specify Days/Hours]

Please note that this is the final extension available for this specific assignment. All other terms and conditions outlined in your original contract dated [Original Contract Date] remain in full force and effect.

To confirm your acceptance of this final extension, please sign and return a copy of this letter by [Deadline Date].

We appreciate your continued service and dedication to our patients during this period.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

Acknowledgment and Acceptance:

I, Dr. [Physician Name], accept the final extension of my contract as outlined above.

Signature: _____ Date: _____