Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert Date of Birth]
Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

This letter is to formally notify you that we are terminating your immunotherapy treatment for [Insert Condition] and discharging you from this specific service, effective [Insert Date].

This decision follows the serious adverse reaction you experienced on [Insert Date of Reaction], specifically [Briefly Describe Reaction, e.g., Grade 3 Colitis / Anaphylaxis]. Based on clinical guidelines and our assessment of your safety, the risks of continuing this therapy outweigh the potential benefits.

Medical Instructions and Follow-up:

- Discontinue [Insert Name of Immunotherapy Drug] immediately.
- Continue your current management for the adverse reaction as prescribed ([Insert Medication, e.g., Prednisone]).
- You have a follow-up appointment scheduled with Dr. [Insert Name] on [Insert Date] at [Insert Time] to monitor your recovery.

Next Steps for Care:

We will coordinate with your primary care physician and other specialists to discuss alternative treatment options that do not carry the same risks. Your medical records regarding this reaction will be made available to your future healthcare providers to ensure your safety.

If you experience any worsening of symptoms or new concerns such as [Insert Warning Signs, e.g., shortness of breath, severe abdominal pain, or high fever], please seek emergency medical attention immediately.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Practice/Clinic Name]
[Contact Phone Number]