

**Date:** [Insert Date]

**To:** [Insert GP Name / Primary Care Provider]

**Clinic:** [Insert Medical Practice Name]

**RE: Voluntary Discharge from Pain Clinic**

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Hospital/NHS Number:** [Insert ID Number]

Dear [Dr. Name/Healthcare Professional],

This letter is to formally notify you that the above-named patient has requested to be discharged from the Pain Clinic service, effective [Insert Date].

**Reason for Discharge:**

The patient has voluntarily initiated this discharge. [Optional: The patient feels they are currently managing their symptoms effectively / The patient no longer wishes to pursue the current treatment plan / The patient is moving out of the area].

**Current Treatment Summary:**

[Insert brief summary of medications, interventions, or therapies provided].

**Medication Recommendations:**

[Insert instructions for ongoing prescription management or tapering if applicable].

**Follow-up Advice:**

The patient has been advised that if their condition changes or if they require specialized pain management in the future, a new referral from your service will be required.

Yours sincerely,

[Your Name/Signature]

[Your Title/Role]

[Pain Clinic Department Name]