

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the physician-patient relationship with you, effective [Date, typically 30 days from letter date].

This decision has been made because of a violation of the Prescription Agreement/Pain Management Contract signed on [Date]. Specifically, the following violation occurred:

[Insert specific violation: e.g., failure of a drug screen, seeking controlled substances from other providers, or unauthorized refills.]

Because the foundation of trust and safety required for your treatment has been compromised, we can no longer provide you with medical care. We will provide you with emergency medical care and necessary prescriptions for the next 30 days while you find a new provider. After [Date], we will no longer treat you or provide refills for any medications.

We recommend that you contact your insurance provider or local medical society to find a new physician as soon as possible. Upon receipt of your written authorization, we will transfer a copy of your medical records to your new provider.

Sincerely,

[Physician Name]

[Practice Name]