

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Care

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] will no longer be able to provide you with pain management services, effective [Date 30 days from now].

This decision has been made due to a violation of the Pain Management Agreement signed on [Date of Agreement]. Specifically, the contract was breached regarding: [Insert specific violation, e.g., unauthorized refills, failed urine drug screen, or obtaining medications from multiple providers].

The physician-patient relationship requires mutual trust and strict adherence to safety protocols. Because these terms were not met, we can no longer safely manage your care.

To ensure your safety during this transition, we will provide you with a final 30-day supply of your current medications, provided it is clinically appropriate. After [Date 30 days from now], we will not provide further prescriptions or treatments.

We recommend that you secure a new pain management provider as soon as possible. You may contact your insurance provider or local medical society for a referral. Upon your written authorization, we will transfer your medical records to your new physician.

Sincerely,

[Physician Name/Clinic Administrator]

[Clinic Name]

[Phone Number]