

[Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

RE: Notice of Termination of Medical Care

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] will no longer be able to provide you with medical treatment. This decision is effective thirty (30) days from the date of this letter.

This termination is a result of a violation of our practice's Pain Management and Prescription Protocol. Specifically, it has come to our attention that you have been obtaining prescriptions for controlled substances from multiple prescribers without the prior knowledge or consent of this office. This behavior is a direct violation of the treatment agreement you signed on [Date] and poses significant risks to your safety and health.

During this 30-day transition period, we will be available to provide you with emergency care and any necessary refills for existing medications as required to ensure your safety. We will not, however, initiate any new treatments or issue new prescriptions for controlled substances.

We recommend that you secure the services of a new physician as soon as possible. You may contact your insurance provider or the local medical society for a referral to a new healthcare provider. Upon receiving your written authorization, we will transfer a copy of your medical records to your new physician to ensure continuity of care.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name]  
[Practice Name]