

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

[Date]

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

Dear [Patient Name],

This letter is to formally notify you that you are being discharged as a patient from [Practice Name]. This decision has been made because of a violation of our controlled substance agreement, specifically regarding the results of your toxicology screen performed on [Date of Test].

The results of this screen were inconsistent with your prescribed treatment plan due to the [presence/absence] of [Specific Substance]. As outlined in the agreement you signed on [Date Agreement Signed], compliance with drug testing is a mandatory requirement for continued care at this clinic.

Effective [30 Days from Date of Letter], we will no longer provide you with medical services or prescriptions. During this 30-day transition period, we will only be available to treat you for emergency situations related to your current treatment or to provide you with a one-time bridge prescription for non-controlled maintenance medications if necessary.

We recommend that you find a new healthcare provider as soon as possible. You may contact your insurance provider or the local medical society for a list of physicians in your area. Upon your written authorization, we will transfer a copy of your medical records to your new physician.

Sincerely,

[Provider Name/Signature]
[Title]