

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Clinic/Practice Name] will no longer be able to provide you with medical care. Your discharge from this practice is effective 30 days from the date of this letter, which is [Date 30 days from now].

This decision has been made due to noncompliance with our clinic's Medication Contract and Pill Count Protocol. Specifically, the following violation occurred:

- [Insert specific violation: e.g., Failure to present for a requested pill count, pill count discrepancy, or unauthorized dose escalation].

Our records show that you were previously informed of the requirements regarding the management of controlled substances and the consequences of failing to adhere to these safety protocols.

Until [Date 30 days from now], we will be available to provide you with emergency care only and will provide you with a final 30-day bridge prescription for your maintenance medications, excluding controlled substances, to allow you time to find a new provider. We will not issue any further prescriptions for [Name of Controlled Medication].

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

Sincerely,

[Physician Name]

[Clinic Name]

[Phone Number]