

[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 [Practice Name] is terminating the physician-patient relationship with you, effective [30 days from date of letter].

This decision has been made following the discovery that a prescription document issued by this office was altered or tampered with. Specifically, [Insert details regarding the altered document, e.g., the dosage/quantity was changed]. Such actions constitute a breach of the trust necessary for a therapeutic relationship and violate our practice policies regarding controlled substances and medical documentation.

Until [Effective Date], we will be available to provide you with emergency care and necessary refills for maintenance medications only. This 30-day period is intended to allow you sufficient time to locate a new healthcare provider.

To assist in your transition, we recommend contacting your insurance provider's directory or the local medical society to find a new physician. Upon receipt of a signed authorization form, we will provide a copy of your medical records to your new provider.

Your medical records are enclosed/available upon request.

Sincerely,

[Physician Name]
[Practice Name]