

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective [Date, typically 30 days from letter date].

This decision has been made due to a violation of the Pain Management Contract signed on [Date of Agreement]. Specifically, the following violation occurred: [Insert specific reason, e.g., failure of drug screening, unauthorized refills, or obtaining prescriptions from multiple providers].

Because the physician-patient relationship requires mutual trust and adherence to safety protocols regarding controlled substances, we can no longer provide you with medical care.

During the next 30 days, we will be available to provide care for emergencies only or to assist you in transitioning your care to another provider. We will not provide any further prescriptions for controlled substances during this period.

We recommend that you find a new healthcare provider as soon as possible. You may contact your insurance carrier 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 physician.

Sincerely,

[Physician Name]

[Practice Name]