

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Medical Care

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to serve as your healthcare provider. This decision has been made effective [Date] due to a violation of our Pain Management Agreement/Controlled Substance Policy regarding your recent urine drug screen results.

Specifically, the results of the test conducted on [Date] were inconsistent with your prescribed treatment plan because [Reason: e.g., presence of non-prescribed substances / absence of prescribed medication].

We will continue to provide you with emergency medical care and necessary prescriptions for a period of 30 days from the date of this letter, ending on [End Date]. This time is provided to allow you to establish care with another physician.

We recommend that you contact your insurance provider or local medical society to find a new provider as soon as possible. Upon receipt of a signed authorization form, we will transfer your medical records to your new physician.

Sincerely,

[Physician Name/Signature]

[Practice Name]