

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

[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 provide medical services to you, effective 30 days from the date of this letter. This decision is being made due to a violation of the provider-patient relationship and clinical protocols regarding the management of controlled substances.

Specifically, our records and monitoring indicate inconsistencies regarding your prescribed medication. This raises concerns regarding medication diversion or non-compliance with the signed Controlled Substance Agreement dated [Date of Agreement]. Due to these safety and legal concerns, we can no longer continue your treatment.

We will continue to provide emergency medical care and necessary prescriptions for the next 30 days, until [End Date], to allow you sufficient time to locate a new healthcare provider. After this date, our professional relationship will be formally terminated.

To ensure a smooth transition, we recommend the following resources to find a new physician:

- Your health insurance provider's directory
- The local Medical Society
- [Alternative Local Resource/Hospital Referral Line]

We will provide a copy of your medical records to your new physician once we receive a signed authorization form from you. You may contact our office to obtain this form.

Sincerely,

[Provider Name/Signature]  
[Title]  
[Practice Name]