

[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 your refusal to comply with our practice's controlled substance policy, specifically the requirement to participate in random pill counts. As outlined in your signed Pain Management Agreement, these counts are a mandatory safety measure to ensure the appropriate use of prescribed medications. Failure to complete these counts constitutes a breach of the treatment contract and prevents us from providing safe and effective care.

Until [Date], we will be available to provide care for emergencies only and to provide you with referrals. We will not provide any new prescriptions or refills for controlled substances during this transition period.

We recommend that you secure the services of another physician as soon as possible. You may contact your insurance provider or the local medical society for a list of available providers 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]