

{Date} {Patient Name} {Patient Address} {City, State, Zip Code} RE: Notice of Termination of Medical Care Dear {Patient Name}, This letter is to formally notify you that I will no longer be able to serve as your physician. Your discharge from this practice is effective as of {Date - typically 30 days from letter}. This decision has been made due to a violation of our Pain Management Agreement. Specifically, your recent toxicology results indicated the presence of {Name of Substance}, which is an illicit substance. As we discussed at the beginning of your treatment, the use of non-prescribed or illegal substances while under our care for pain management creates significant safety risks and is a breach of our therapeutic contract. I will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days to allow you sufficient time to find a new healthcare provider. After {Date}, I will no longer provide any medical services, including the renewal of medications. I recommend that you find a new physician as soon as possible. You may contact your insurance provider or the local medical society for a list of available doctors in your area. Additionally, because of the nature of this dismissal, I strongly suggest seeking a provider who specializes in addiction medicine or pain management. Upon receiving your written authorization, I will transfer a copy of your medical records to your new physician to ensure a smooth transition of care. Sincerely,
{Physician Name} {Practice Name}