

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Address]

Patient DOB: [Insert Date of Birth]

Subject: FIRST WARNING: Violation of Controlled Substance Agreement

Dear [Insert Patient Name],

This letter serves as a formal first warning regarding your Controlled Substance Agreement signed on [Insert Date Agreement was Signed]. This agreement was established to ensure your safety and the appropriate management of your medications.

It has come to our attention that a violation of this agreement has occurred. Specifically:

[Insert detailed description of violation, e.g., missed pill count, failed urine drug screen, unauthorized dose escalation, or obtaining medication from multiple providers].

According to the terms of our agreement, strict adherence to the following rules is required to continue receiving prescriptions for controlled substances from this practice:

- Taking medication exactly as prescribed.
- Completing all requested drug screenings and pill counts.
- Obtaining prescriptions only from this office.
- Attending all scheduled follow-up appointments.

Please be advised that any further violations of the Controlled Substance Agreement may result in the immediate tapering and discontinuation of your controlled medication prescriptions, or discharge from this practice.

We value your health and safety. We would like to discuss this matter with you during your next appointment scheduled for [Insert Date/Time]. If you do not have an appointment scheduled, please call our office at [Insert Phone Number] immediately.

Sincerely,

[Provider Name/Signature]

[Practice Name]

[Phone Number]