

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Controlled Substance Prescribing

Dear [Patient Name],

This letter serves as formal notification that I will no longer provide prescriptions for controlled substances for you, effective [Date, typically 30 days from letter].

This decision has been made due to [Reason: e.g., violation of the pain management agreement, inconsistent toxicology results, or clinical determination that the risks of continued therapy outweigh the benefits].

Please note the following:

- I will provide a final bridge prescription for a [Number]-day supply of your current medication to allow you time to transition your care to another provider.
- No further refills or new prescriptions for controlled substances will be issued by this office after [Date].
- I will continue to provide care for your other medical needs for the next 30 days. After that time, our physician-patient relationship will be formally terminated.

I recommend that you contact your insurance provider or local medical society to locate a new physician or a pain management specialist who can evaluate your ongoing needs. Upon receipt of a signed authorization form, I will transfer your medical records to your new provider.

Sincerely,

[Physician Name]

[Practice Name]

[Phone Number]