

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Reinstatement of Controlled Substance Management

Dear [Patient Name],

This letter is to formally notify you that your eligibility to receive prescriptions for controlled substances at [Practice/Clinic Name] has been reinstated, effective [Date].

This reinstatement is based on the following conditions and requirements:

- A new signed Controlled Substance Provider-Patient Agreement must be on file.
- Strict adherence to the dosage and frequency prescribed.
- Compliance with periodic, unannounced urine drug screenings.
- Attendance of all scheduled follow-up appointments.
- Utilization of a single designated pharmacy: [Pharmacy Name].

Please be advised that any future violations of the practice policies or the Controlled Substance Agreement may result in a permanent discharge from our care or the permanent discontinuation of controlled medication management.

If you have any questions regarding these requirements, please contact our office at [Phone Number] to schedule a consultation.

Sincerely,

[Provider Name/Signature]

[Practice Name]