

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Medication Discontinuation

Dear [Patient Name],

This letter is to formally notify you that you should stop taking the following medication:

Medication Name: [Name of Medication]

Dosage: [Strength/Dosage]

Effective Date: [Date to stop taking medication]

Reason for Discontinuation:

[Insert reason, e.g., treatment completed, transition to new medication, or side effects]

Special Instructions:

[Insert instructions, e.g., taper schedule, how to dispose of remaining pills, or symptoms to watch for]

If you have any questions regarding this change or if you experience any new symptoms, please contact my office at [Phone Number] to schedule a follow-up appointment.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]