Date: [Date]

To: [Pharmacy Name]
Address: [Pharmacy Address]
City, State, Zip: [City, State, Zip]

RE: REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]
Prescription/Account Number: [Account Number, if known]
Date of Incident: [Date of Accident/Incident]

To Whom It May Concern:

Please be advised that I am formally revoking the Letter of Protection (LOP) previously issued to your pharmacy regarding the above-referenced patient and their legal claim.

Effective immediately, this law firm no longer represents [Patient Name] in this matter. As such, we will no longer be responsible for protecting your outstanding balance or issuing payment from any future settlement or judgment proceeds.

We recommend that you contact the patient directly or their new legal counsel to arrange for the payment of any outstanding pharmacy bills. For your records, the patient's last known contact information is:

[Patient Name]
[Patient Address]
[Patient Phone Number]

Please acknowledge receipt of this revocation by updating your billing records accordingly.

Sincerely,

[Your Name/Signature]
[Law Firm Name]
[Phone Number]