[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Date]

[Name of Medical Provider/Facility]
[Address]
[City, State, Zip Code]

RE: Notice of Revocation of Letter of Protection
Patient Name: [Your Name]
Date of Incident: [Date of Accident/Injury]
Account/Reference Number: [If Known]

To Whom It May Concern,

I am writing to formally notify you that I am revoking the Letter of Protection (LOP) previously issued to your office by my former legal counsel, [Name of Former Attorney/Law Firm].

Please be advised that I have substituted my legal representation. My new attorney is:

[Name of New Attorney]
[New Law Firm Name]
[Address]
[Phone Number]

Effective immediately, the prior LOP is null and void. My new counsel will be issuing a replacement Letter of Protection to ensure the continued security of your interest regarding my outstanding medical balances related to this case. Please coordinate with my new attorney for all future billing updates and lien protections.

Thank you for your cooperation in updating my records.

Sincerely,

[Your Signature]

[Your Printed Name]

cc: [Name of Former Attorney]
[Name of New Attorney]