[Date]

[Medical Provider Name]
[Medical Provider Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF LETTER OF PROTECTION

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Our File Number: [Case Number]

To Whom It May Concern,

Please be advised that this firm is withdrawing from the legal representation of [Patient Name] regarding the above-referenced matter, effective [Date of Withdrawal].

As we are no longer representing this individual, this letter serves as formal notice that the Letter of Protection (LOP) previously issued by this office on [Date of Original LOP] is hereby **rescinded and cancelled**.

This firm will no longer be responsible for protecting any outstanding medical balances, liens, or bills out of any future settlement or judgment. Any further correspondence regarding the patient's account should be directed to the patient at the following address:

[Patient Name]
[Patient Address]
[Patient City, State, Zip Code]
[Patient Phone Number]

Please update your records accordingly. Thank you for your attention to this matter.

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]