

Withdrawal from Medical Representation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally notify you of my decision to withdraw from medical representation effective [Insert Date].

This decision has not been made lightly, and I believe it is in my best interest to pursue other opportunities.

I appreciate the experiences and opportunities I have had during my time as a representative, and I hope to maintain a positive relationship going forward.

Thank you for your understanding.

Sincerely,

[Your Name]