

Letter of Contract Termination

Date: [Insert Date]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Owner/Manager's Name],

We are writing to formally notify you of the termination of our contract with [Pharmacy Name], effective [Insert Termination Date]. This decision has been made in accordance with regulatory compliance issues that have been identified during our recent audit. Despite our previous discussions and attempts to resolve these matters, we have determined that compliance standards have not been met.

We value the relationship we have built over the years, and it is unfortunate that we must take this step. As required, we will ensure that all outstanding invoices and reconciliations are completed by the termination date.

If you have any questions regarding this termination, please do not hesitate to reach out to us at [Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Contact Information]