

Letter of Termination of Pharmacy Contract

Date: [Insert Date]

[Pharmacy Name]

[Pharmacy Address]

[City, State, ZIP Code]

Dear [Pharmacy Manager's Name],

We are writing to formally notify you that we will be terminating our contract with [Pharmacy Name] effective [Termination Date]. This decision has been made due to necessary business restructuring.

We appreciate the services and partnership we have shared during our collaboration. However, due to the current business landscape, we must make difficult decisions to ensure the sustainability and growth of our operations.

Please consider this letter as a formal notice as per the termination clause outlined in our agreement.

We will ensure a smooth transition and will settle any outstanding matters promptly. Thank you for your understanding in this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, ZIP Code]

[Contact Information]