

Letter of Termination of Pharmacy Contract

Date: [Insert Date]

[Your Name]

[Your Position]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally notify you of the termination of our contract, effective [insert effective date]. This decision has been made due to a consistent lack of communication that has impacted our ability to collaborate effectively.

Despite our efforts to address this issue, it has become increasingly difficult to maintain an efficient working relationship. As a result, we feel that parting ways is in the best interest of both parties.

Please consider this letter as a formal notice as per the terms outlined in our agreement. We appreciate the efforts made thus far and wish you all the best in your future endeavors.

Thank you for your understanding.

Sincerely,

[Your Signature]

[Your Typed Name]

[Your Position]

[Your Contact Information]