

Pharmacy Contract Termination Letter

[Your Name]
[Your Title]
[Pharmacy Name]
[Pharmacy Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Termination of Pharmacy Contract

Dear [Recipient Name],

We hope this letter finds you well. We are writing to formally notify you of the termination of our pharmacy contract, effective [termination date], due to a recent change in ownership at [Pharmacy Name]. As per the agreement terms, we must terminate our existing contract to facilitate the transition under the new ownership.

We appreciate the relationship we have built and the services provided under our contract. We will ensure a smooth transition and settle any pending matters before the termination date.

If you have any questions or require further assistance, please do not hesitate to contact me directly at [Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,
[Your Name]
[Your Title]
[Pharmacy Name]