

Letter of Contract Termination

[Your Name]
[Your Title/Position]
[Pharmacy Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Email Address]
[Phone Number]

Date: [Insert Date]

[Recipient Name]
[Recipient Title]
[Recipient Organization/Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Termination of Pharmacy Contract

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally notify you of our decision to terminate our contract effective [Insert Termination Date]. This decision has been made in response to recent changes in the market that have significantly impacted our business operations.

We appreciate the partnership we have developed over the years and acknowledge the support you have provided. However, due to [briefly state the reasons, e.g., rising costs, changes in regulations], we believe this is the necessary step to ensure the viability of our pharmacy.

We are committed to completing any outstanding obligations under the contract by the termination date. Please feel free to reach out for any further discussion or clarification regarding this decision.

Thank you for your understanding and support.

Sincerely,

[Your Name]
[Your Title/Position]
[Pharmacy Name]