

Contract Termination Letter

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

We are writing to formally notify you of the termination of our contract with [Pharmacy Name], effective [Termination Date], due to unsatisfactory services provided over the past [duration of service].

Despite previous discussions regarding our concerns, we have not seen the improvements necessary to continue this partnership. Specifically, we have experienced [briefly outline specific issues, e.g., delays, errors, lack of communication].

We appreciate the services provided during the term of our agreement and wish you well in your future endeavors. Please ensure that all outstanding matters are concluded by the termination date.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]