

# Medication Cessation Notification

Date: [Insert Date]

To: [Patient's Name]

From: [Your Name/Your Practice Name]

Subject: Notification of Medication Cessation

Dear [Patient's Name],

I hope this message finds you well. I am writing to inform you that we will be ceasing your current medication, [Medication Name], effective [Effective Date]. This decision has been made based on your recent appointments and evaluations.

If you have any questions or concerns regarding this change, please do not hesitate to reach out to my office at [Phone Number] or [Email Address]. It is important to discuss any potential alternatives or next steps necessary for your treatment plan.

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]