

Therapeutic Agent Discontinuation Advisory

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you about an important update regarding your treatment with [Therapeutic Agent]. Due to [reason for discontinuation], we are advising that you discontinue the use of this therapeutic agent effective immediately.

Please be assured that your health and well-being are our top priority. We recommend scheduling an appointment to discuss alternative treatment options that may be appropriate for you.

If you have any questions or concerns regarding this advisory or your treatment plan, please do not hesitate to contact our office at [Contact Number] or email us at [Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]