

# Medical Support Termination Letter

**[Your Name]**  
[Your Position]  
[Your Organization]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

Date: [Insert Date]

**[Recipient's Name]**  
[Recipient's Position]  
[Recipient's Organization]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Termination of Medical Support

We are writing to formally inform you that, effective [Insert Date], we will be concluding our medical support services as outlined in our previous communications. This decision has been made after careful consideration of the services provided and the current needs.

We appreciate the opportunity to have served you and are grateful for your trust in [Your Organization]. Should you require any further assistance or have questions regarding this transition, please do not hesitate to reach out to us.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

**[Your Printed Name]**  
[Your Position]