

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Provider's Name]

[Provider's Office/Practice Name]

[Office Address]

[City, State, Zip Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to formally withdraw from the pain management program effective immediately. After careful consideration, I have decided to pursue alternative treatment options that better align with my current health needs.

I want to sincerely thank you and your team for your support and guidance throughout my time in the program. I appreciate the efforts you have made to assist me in managing my pain.

Please let me know if there are any further requirements or procedures I need to complete as part of this withdrawal process. I look forward to your understanding and support in this matter.

Thank you once again for your care and attention.

Sincerely,

[Your Name]