## This is just a background image

## Sample Notification of Discontinuation of Opioid Treatment Form

Dear , Date:

Although you are welcome to continue receiving medical treatment in this office, I regret that I will no longer be able to provide opioid treatment for you due to the following circumstances:

1.

2.

3.

Because opioids cause physical dependence when taken regularly, you may experience withdrawal symptoms when you decrease or stop taking the medications. If it is safe to do so, I will provide you with medications for a period of weeks to allow you to taper off of these medications. I will also provide non-opioid medications to minimize withdrawal symptoms. Please follow the directions provided to taper off the medications.

To locate addiction treatment services in [Insert State], call [insert phone #]**.**

In [insert region of State], for inpatient detoxification services please call:

| * [insert service organization and city]
 | [insert phone #] |
| --- | --- |
| * [insert service organization and city]
 | [insert phone #] |
| * [insert service organization and city]
 | [insert phone #] |

For methadone maintenance or buprenorphine treatment, please call:

| * [insert methadone maintenance or buprenorphine treatment facility and city]
 | [insert phone #] |
| --- | --- |
| * [insert methadone maintenance or buprenorphine treatment facility and city]
 | [insert phone #] |
| * [insert methadone maintenance or buprenorphine treatment facility and city]
 | [insert phone #] |

Sincerely,