

Re: Patient name, dob

Dear,

I am the primary care provider for _____. I appreciate your participation in his/her care and value your treatment recommendations. I am concerned about ____'s ongoing use of (opioids/benzos) on a daily basis. My concern arises from a lack of indication, from comorbidities which increase the risk of these medications, including (e.g. sleep apnea, COPD, heart disease, substance use disorder), from deleterious effects (*e.g. sedation, disinhibition, exacerbation of underlying disease, falls, interactions with other meds*), from an increased risk of accidental overdose and from non-reassuring behaviors (*e.g. requests for early refills, multiple prescribers, multiple pharmacies, failed contract at PCHC or elsewhere, criminal behavior*).

I have informed _____ that I think that it would be in his/her best interests for you to taper him/her off this medication and that I would be communicating this recommendation to you. I am happy to discuss all of this and I hope that we can collaborate on an alternative treatment plan for _____.

Sincerely,