

[Physician Name, MD/DO]  
[Medical Practice/Clinic Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Recipient Name or "To Our Valued Patients and Colleagues"]  
[Organization/Affiliation Name]  
[Street Address]  
[City, State, Zip Code]

Subject: Notification of Return to Medical Practice

Dear [Recipient Name/Patients],

I am writing to formally announce that I will be returning to my medical practice at [Practice Name] effective [Date of Return].

Following my recent [leave of absence/medical leave/sabbatical], I am pleased to resume providing full clinical services and patient care. I would like to express my gratitude to [Colleague Name/Coverage Group] for ensuring the continuity of care for my patients during my absence.

Starting on [Date], I will be available for appointments during my regular office hours: [List Hours, e.g., Monday-Friday, 9:00 AM - 5:00 PM]. Patients wishing to schedule an appointment may do so by contacting the office at [Phone Number] or through the online patient portal at [Website URL].

I look forward to reconnecting with my patients and colleagues and continuing to serve the healthcare needs of our community.

Sincerely,

[Signature]

[Printed Physician Name]  
[Title/Specialty]