

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Update Regarding Your Primary Care Provider

Dear [Patient Name],

We are writing to inform you of an upcoming change regarding your healthcare at [Clinic/Practice Name]. Effective [Date], [Current Provider Name] will be [leaving the practice / retiring / transitioning to a new role].

It has been a privilege to serve your healthcare needs. To ensure you continue to receive uninterrupted care, we have assigned [New Provider Name] as your new Primary Care Provider. [New Provider Name] is a [Title/Specialty] and is looking forward to meeting you.

If you already have an appointment scheduled after [Date], it will remain on the calendar but will now be with [New Provider Name]. If you would prefer to choose a different provider within our practice, please contact our office to discuss available options.

Your medical records remain securely stored at our facility. If you choose to seek care outside of [Clinic/Practice Name], please contact us to sign a records release form so we may transfer your history to your new office.

Should you have any questions or wish to schedule your next visit, please call us at [Phone Number] or visit our website at [Website URL].

Thank you for trusting us with your health.

Sincerely,

[Signature/Name]

[Title]

[Clinic/Practice Name]