

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally notify you of my upcoming retirement from medical practice. My final day of seeing patients will be [Final Date of Service].

It has been a privilege and a pleasure to provide for your healthcare needs over the years. Please be assured that your health and well-being remain my top priority during this transition.

Because I am retiring, I will no longer be able to serve as your physician after [Final Date of Service]. I recommend that you begin looking for a new healthcare provider as soon as possible to ensure there is no interruption in your care. You may wish to contact your health insurance provider or the local medical society for a list of physicians currently accepting new patients.

Your medical records are confidential and will be maintained in accordance with state and federal laws. To have your records transferred to a new physician, please sign the enclosed medical record release form and return it to our office. Once received, we will forward a copy of your records to your new provider.

If you have a medical emergency before you have established care with a new doctor, please visit the nearest emergency room or call 911. For prescription refills needed before my retirement date, please contact our office no later than [Date].

Thank you for the trust you have placed in me. I wish you the very best in health and happiness.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]