

[Physician Name]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

Dear Patient,

I am writing to share the news that I will be retiring from my medical practice on [Last Working Date]. It has been a great privilege and honor to serve as your primary care physician over the years. I am truly grateful for the trust you have placed in me regarding your health and well-being.

To ensure you continue to receive the highest quality of care, I am pleased to announce that [New Physician Name] will be taking over my practice starting [Date]. [New Physician Name] is a board-certified physician who shares my commitment to patient-centered care. I am confident that you will find them to be an excellent provider.

Your medical records will remain at this office to ensure a seamless transition. If you choose to continue your care with [New Physician Name], you do not need to take any action. If you decide to transfer your care to a different provider outside of this practice, please contact our office at [Phone Number] to sign a records release form.

If you have any upcoming appointments scheduled after [Last Working Date], our staff will contact you to confirm the details with [New Physician Name]. If you need a prescription refill before my retirement date, please contact the office as soon as possible.

Thank you again for allowing me to be a part of your life. I wish you the very best of health and happiness in the future.

Sincerely,

[Physician Signature]

[Physician Printed Name]