

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

Dear [Patient Name],

I am writing to share the news that I will be retiring from my medical practice at [Clinic Name], effective [Last Working Date].

It has been a privilege to serve as your physician over the years. I truly value the trust you have placed in me regarding your healthcare, and I have enjoyed getting to know you personally.

To ensure you continue to receive high-quality care, [New Doctor Name] has joined our clinic and is available to take over your medical management. If you prefer to see a different provider within our group or at another facility, we are happy to assist you with that transition.

Your medical records will remain securely stored at [Clinic Name]. If you choose to move your care to a provider outside of this clinic, please contact our office to sign a release form so that we may transfer your records to your new physician.

If you have upcoming appointments scheduled after [Last Working Date], our staff will contact you shortly to confirm your new provider or reschedule as needed.

Thank you for the opportunity to be your doctor. I wish you the very best in health and happiness.

Sincerely,

[Doctor's Signature]  
[Doctor's Printed Name]