

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally announce my retirement from medical practice at [Clinic Name], effective [Last Working Date].

It has been a great privilege to serve as your [Specialty, e.g., Cardiologist] over the past [Number] years. I have truly valued the trust you placed in me regarding your healthcare and have enjoyed our professional relationship.

To ensure your continued care, [Clinic Name] has arranged for [New Physician Name] to take over my patient panel. [He/She/They] is a highly qualified specialist in [Specialty] and is looking forward to meeting you. Alternatively, if you prefer to see another provider within our group, [Alternative Physician Names] are also available.

Your medical records will remain securely stored at [Clinic Name]. If you choose to continue your care with our clinic, no action is required regarding your files. However, if you decide to seek treatment outside of this practice, you may request a copy of your records or have them transferred by signing a release form at our office.

If you have an upcoming appointment scheduled after [Last Working Date], our office staff will contact you to confirm the transition to your new provider. If you need to schedule a follow-up or have urgent questions, please call us at [Phone Number].

Thank you for the opportunity to be a part of your health journey. I wish you the very best in health and happiness.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]