

[Doctor's Name]
[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

Dear Patient,

I am writing to share the news that I will be retiring from my family medicine practice, effective [Last Date of Practice]. It has been a true privilege and an honor to serve as your physician and to be a part of your life and your family's health over the years.

Please be assured that our office is committed to making this transition as smooth as possible for you. You have the following options for your future care:

- **Continue with this Practice:** My colleagues, [Partner Name(s)], are available to take over your care. You may call the office to schedule your next appointment with them.
- **Find a New Provider:** If you choose to seek care elsewhere, I recommend contacting your insurance provider for a list of in-network family physicians or contacting the local medical society.

Your medical records are confidential and remain at this office. If you choose to transfer to a physician outside of this practice, we will need your written authorization to release your records. You may find the necessary forms at our front desk or on our website.

I recommend that you establish care with a new provider before [Last Date of Practice] to ensure there is no interruption in your medication refills or ongoing treatments.

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]