

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notice of Retirement and Continuity of Care

Dear [Patient Name],

I am writing to formally announce my retirement from medical practice, effective [Last Date of Practice]. It has been a privilege and an honor to serve as your physician over the years. I truly value the trust you have placed in me regarding your healthcare.

My primary concern during this transition is ensuring that you continue to receive high-quality medical care. To facilitate a smooth transition, I have made the following arrangements:

**1. Successor Provider:**

Starting [Date], [New Physician Name] will be taking over my practice at [Clinic Name].

[He/She/They] is an excellent provider, and I am confident in [his/her/their] ability to care for you. You may schedule appointments with them by calling [Phone Number].

**2. Alternative Options:**

If you prefer to see a physician outside of this practice, you may contact your insurance provider or the local medical society for a list of participating physicians in your area.

**3. Medical Records:**

Your medical records will remain securely stored at [Practice/Facility Name]. If you choose to transfer to a new provider outside of this office, you will need to sign a medical release form.

You can request this form by contacting [Contact Name/Department] at [Phone Number].

If you have any chronic conditions or require ongoing prescriptions, I encourage you to schedule a final follow-up visit before [Last Date of Practice] or arrange an introductory appointment with your new provider as soon as possible to avoid any gaps in treatment.

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

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]