

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

[Date]

Dear [Patient Name],

I am writing to formally announce my retirement from medical practice, effective [Last Working Date]. It has been a great privilege to serve as your General Practitioner and to oversee your healthcare needs over the years.

To ensure that you continue to receive uninterrupted medical care, your records and care will be reassigned to [New Doctor's Name] within this practice starting on [Date]. [New Doctor's Name] is an experienced physician who is looking forward to meeting you.

If you have an appointment already scheduled after [Last Working Date], it will automatically be transferred to [New Doctor's Name] at the same time and location. You do not need to take any action unless you wish to change the appointment.

If you prefer to transition your care to a provider outside of this practice, please contact our office at [Phone Number] so that we may assist you with the transfer of your medical records to the physician of your choice.

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]