

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to inform you that I will be leaving [Clinic Name] effective [Last Day Date]. It has been a pleasure serving as your physician.

Please be advised that as of [Last Day Date], I will no longer be able to provide medical care for you. To ensure your health needs continue to be met, we recommend that you establish care with a new provider as soon as possible.

You may choose to continue your care at [Clinic Name] with one of my colleagues. To schedule an appointment with another physician in this practice, please call [Clinic Phone Number]. Alternatively, you may contact your insurance provider or the local medical society for a list of available physicians in your area.

Your medical records are confidential and remain at [Clinic Name]. If you choose to transfer your care to a physician outside of this practice, please complete the enclosed "Authorization for Release of Medical Records" form. Once received, we will forward a copy of your records to your new provider.

In the event of a medical emergency during this transition, please call 911 or visit the nearest emergency room.

I wish you the very best in your future health and wellness.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]