

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally notify you that I will be retiring from my medical practice effective [Date]. Consequently, I will no longer be able to provide you with medical care after this date.

It has been a great privilege to serve as your physician. Please be assured that my primary concern during this transition is your continued health and well-being. I recommend that you begin the process of finding a new healthcare provider as soon as possible to ensure there is no interruption in your care.

To assist you with this transition, I suggest the following resources for finding a new physician:

- [Option: List a specific physician or group taking over the practice]
- Contacting your health insurance provider for a list of in-network doctors.
- Contacting the local Medical Society or using the "Find a Doctor" tool on your hospital's website.

Your medical records are confidential. A copy of your records can be transferred to your new physician once we receive a signed written authorization from you. You may request this authorization form by contacting our office at [Phone Number] or visiting [Website]. We will maintain your records for the period required by law.

If you have any urgent medical needs or require prescription refills before [Date], please contact the office immediately so we can assist you before the practice closes.

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

Sincerely,

[Doctor's Signature]

[Doctor's Name]

[Practice Name]