

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that we are closing your patient file at [Practice Name] effective [Date], due to your relocation outside of our service area.

To ensure your health needs continue to be met, we recommend that you establish care with a new physician in your new location as soon as possible. If you need assistance finding a new provider, you may contact your health insurance company or the local medical society in your new area.

We will remain available to provide any necessary emergency care or prescription refills for the next 30 days, until [Date], to allow you sufficient time to transition to a new provider.

Your medical records are confidential. We have enclosed a medical record release form with this letter. Once you have selected a new physician, please sign and return the form so that we may forward a copy of your records to your new office.

We have enjoyed providing your healthcare services and wish you the best in your new location.

Sincerely,

[Physician Name/Practice Manager]

[Practice Name]

[Phone Number]