

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to formally notify you that [Clinic Name] will be permanently closing its doors on [Last Day of Operation] due to the expiration of our facility lease. As a result, we will no longer be able to provide you with medical care after this date.

Your health and well-being remain our top priority. We recommend that you establish care with a new healthcare provider as soon as possible to ensure there is no interruption in your treatment or medication refills. If you require assistance finding a new provider, you may contact [Local Medical Society/Insurance Provider] or visit [Website].

Your medical records are confidential and protected by law. To transfer your records to a new physician, please complete the enclosed authorization form and return it to us by [Deadline Date]. After [Closing Date], your records will be stored at [Storage Location/Custodian Name] and can be requested by contacting [Phone Number/Email].

For any urgent medical needs or prescription refills required before our closing date, please contact our office at [Clinic Phone Number] no later than [Cut-off Date].

It has been a privilege to serve as your healthcare provider. We wish you the very best in your future health and wellness.

Sincerely,

[Doctor/Administrator Name]

[Clinic Name]