

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] will be relocating to a new facility on [Date of Move]. Our new office will be located at:

[New Clinic Name/Building]
[New Street Address]
[New City, State, Zip Code]

Due to the distance of this new location and changes in our specialty service capacity, we regret to inform you that we will no longer be able to provide you with medical care effective [Date of Termination].

Your health is our priority, and we recommend that you secure a new specialist as soon as possible to ensure there is no interruption in your treatment. To assist with this transition, we suggest the following resources:

- Contact your primary care physician for a new referral.
- Contact your health insurance provider for a list of in-network specialists.
- [Optional: Name of local medical society or specific referral service].

We will remain available to provide emergency care and necessary prescription refills for the next [Number, e.g., 30] days, until [Date of Termination].

Your medical records are confidential. We can transfer a copy of your records to your new provider once we receive a signed authorization form. You may request this form by contacting our office at [Phone Number] or [Email Address].

Thank you for allowing us to participate in your healthcare. We wish you the very best in your continued treatment.

Sincerely,

[Provider Name/Signature]
[Clinic Name]