

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to inform you that I will be relocating my medical practice to a new location across the city effective [Date]. Due to the distance of this relocation, I will no longer be able to provide you with medical care at my current office after [Last Date of Service].

Please be assured that I will remain available to provide you with emergency medical care and refills for essential medications for the next 30 days, until [Date 30 days from now]. This should provide you with sufficient time to establish care with a new physician.

I recommend that you contact your insurance provider or a local physician referral service to find a new provider in your immediate area. Once you have selected a new physician, please sign the enclosed medical records release form and return it to our office. We will ensure that a copy of your medical records is forwarded to your new provider to guarantee a smooth transition of your care.

It has been a pleasure serving as your healthcare provider. I wish you the best in your future health and wellness.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]

Enclosure: Medical Records Release Form