

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Relocation and Termination of Physician-Patient Relationship

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name/Doctor Name] will be relocating to a new office effective [Date]. Our new location will be at:

[New Clinic Address]

[City, State, Zip Code]

Due to the distance of this new location and changes in our practice structure, I am writing to inform you that I will no longer be able to provide you with medical care after [Date of Last Service]. This serves as your [30-day] formal notice of dismissal from this practice.

During this transition period, I will remain available to provide you with emergency care and necessary prescriptions until [End Date]. It is important that you establish care with a new physician as soon as possible to ensure your medical needs continue to be met without interruption.

To assist you in finding a new provider, we recommend contacting:

- Your health insurance provider for a list of in-network physicians.
- The local medical society.
- [Optional: Name of a specific local clinic or referral service].

We are happy to transfer a copy of your medical records to your new physician. Please find the enclosed "Authorization to Release Medical Records" form. Once you have selected a new doctor, please sign and return this form to us so we can forward your files.

Thank you for the opportunity to have been involved in your healthcare. We wish you the best in your future health endeavors.

Sincerely,

[Doctor Name/Signature]

[Clinic Name]

[Phone Number]