

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally notify you that I will be closing my practice at [Current Office Name] effective [Last Date of Service] due to my upcoming relocation to [New City/State].

It has been a pleasure serving as your healthcare provider. Please be advised that after [Last Date of Service], I will no longer be able to provide you with medical care or prescription refills.

To ensure your continuity of care, I recommend that you begin looking for a new provider as soon as possible. You may contact your insurance carrier for a list of in-network providers, or you may consider the following local practices:

- [Referral Name/Clinic 1] - [Phone Number]
- [Referral Name/Clinic 2] - [Phone Number]

Your medical records are confidential and will be handled in accordance with HIPAA regulations. If you wish to have your records transferred to a new physician, please sign and return the enclosed "Authorization for Release of Medical Records" form. You may also request a copy for your personal files.

For a period of [Number] days following the date of this letter, I will remain available for emergency care and consultations related to your current treatment plan only.

Thank you for the opportunity to have been involved in your healthcare. I wish you the very best in the future.

Sincerely,

[Doctor Name, Degree]

[Practice Name]

Enclosure: Medical Records Release Form