

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally inform you that I will be relocating my medical practice to [New City/State] and will no longer be able to provide your medical care effective [Date of Departure].

Your health and well-being remain my top priority during this transition. I recommend that you begin looking for a new physician as soon as possible to ensure there is no interruption in your care. You may contact your insurance provider for a list of in-network doctors or reach out to the [Local Medical Society/Hospital Name] for recommendations.

Until [Date of Departure], I will remain available to provide emergency care and provide any necessary prescription refills. After this date, you will need to be under the care of a new provider.

Your medical records are confidential and a copy can be transferred to your new physician or released to you directly. Please find the enclosed medical record release form. Once completed and returned to our office, we will process your request promptly.

It has been a privilege to serve as your physician, and I wish you the very best in your future health.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]