

[Doctor Name]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

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

Dear [Patient Name],

I am writing to inform you that I will be relocating my medical practice to [New City/State] and will be leaving [Practice Name] effective [Last Date of Service]. As a result, I will no longer be able to serve as your primary care physician after this date.

Your health is very important to me. To ensure your continued care, you may choose to remain with this practice and see one of my colleagues: [List Names of Available Doctors]. Alternatively, you may seek a new provider through your insurance company or the local medical society.

Your medical records remain at this office. If you choose to transfer to a physician outside of this practice, please complete the enclosed medical record release form and return it to us. We will then forward a copy of your records to your new provider.

I recommend that you secure a new physician as soon as possible to avoid any interruptions in your treatment or medication refills. I will remain available for emergency care and necessary prescriptions for [Number, e.g., 30] days following the date of this letter.

It has been a privilege to participate in your healthcare. I wish you the very best in the future.

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]