

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that I will be leaving [Name of Specialty Clinic] effective [Date of Departure]. Because I am relocating my practice to a location that is outside of this immediate area, I will no longer be able to provide your medical care after this date.

Please be assured that your ongoing care is our priority. You may choose to continue your treatment with another specialist at this clinic, or you may seek care from a physician outside of our organization. If you wish to stay with [Name of Specialty Clinic], please contact our office at [Phone Number] to schedule your next appointment with [Name of Recommended Physician or "one of my colleagues"].

If you prefer to transfer your care to a physician elsewhere, we recommend contacting your primary care provider or your insurance company for a list of participating specialists. You may also contact [Local Medical Society/Professional Organization] for a referral.

Your medical records are confidential. Once you have selected a new physician, please sign the enclosed "Authorization to Release Medical Records" form and return it to our office. We will then forward a copy of your records to your new provider to ensure a smooth transition of care.

I will remain available for emergency care and essential follow-up related to your current treatment for [Number, typically 30] days from the date of this letter, allowing you sufficient time to establish a relationship with a new specialist.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Name of Specialty Clinic]