

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

[Date]

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

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

Dear [Patient Name],

I am writing to formally notify you that I will be relocating my medical practice out of state. As a result, I will no longer be able to provide you with medical care effective [Date of Last Day].

Your health is important to me, and I want to ensure you have ample time to establish care with a new physician. 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 contact the local Medical Society for a referral.

Until [Date of Last Day], I will remain available to provide you with emergency care and necessary refills related to your current treatment plan. After this date, our physician-patient relationship will officially terminate.

Your medical records are confidential. To have your records transferred to your new physician, please sign the enclosed "Authorization for Release of Medical Records" form and return it to our office. We will ensure that a copy of your records is forwarded to your new provider promptly.

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

Sincerely,

[Doctor Signature]

[Doctor Printed Name]