

[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 formally notify you that I will be relocating my medical practice effective [Last Date of Service]. Due to the speed of this relocation, I will no longer be able to provide medical care to you after this date.

Please be assured that I will remain available for emergency medical care and required prescriptions for the next 30 days, until [30 Days from Date of Letter], to allow you sufficient time to establish care with a new provider.

I recommend that you find a new physician as soon as possible. You may contact your insurance provider for a list of in-network doctors, or contact the [Name of Local Medical Society/Hospital] for a referral.

Your medical records are confidential. A copy of your records can be transferred to your new physician upon receipt of your written authorization. I have enclosed a medical record release form for your convenience.

It has been a pleasure serving as your physician, and I wish you the very best in your future health.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]