

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to inform you that I will be leaving [Practice Name] effective [Last Date of Service]. I have decided to relocate my practice to a new location in [City/State].

It has been a privilege to serve as your physician. Please be assured that my primary concern is your continued health and the smooth transition of your medical care. To ensure your continuity of care, you have the following options:

- **Stay with this Practice:** My colleagues at [Practice Name], including [Doctor Name 1] and [Doctor Name 2], are available to take over your care. You may call [Phone Number] to schedule your next appointment.
- **Choose a New Provider:** If you prefer to find a physician outside of this practice, I recommend contacting your insurance provider or the local medical society for a list of participating physicians in your area.

Your medical records will remain with [Practice Name]. If you choose to see a physician outside of this group, you will need to sign an authorization form to have your records transferred. You may request this form by calling [Phone Number].

I will continue to provide emergency care and necessary follow-up for the next 30 days, until [Date 30 days from now], to allow you sufficient time to establish care with a new provider.

I wish you the very best in your future health and wellness.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]