

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally notify you that I will be relocating my family practice to a new location in [City/State] effective [Date of Relocation]. Consequently, I will no longer be able to provide medical care to patients at my current office after [Last Date of Service].

Your health and well-being remain a priority. I recommend that you begin the process of selecting a new primary care physician as soon as possible to ensure there is no interruption in your medical care or prescription refills.

To assist with this transition, you may contact the following resources to find a new provider:

- [Local Physician Referral Service Name/Phone]
- [Insurance Provider Directory Website]
- [Local Hospital Physician Finder]

Your medical records are confidential. I am happy to transfer a copy of your records to your new physician once I receive a signed authorization form from you. You may obtain this form at our office or from your new provider's office.

I will continue to be available for emergency care and necessary follow-up visits until [Date 30 days from now]. After that date, our physician-patient relationship will be formally terminated.

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

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]