

[Date]

[Parent/Guardian Name]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Relocation and Termination of Professional Relationship

Dear [Parent/Guardian Name],

I am writing to inform you that I will be leaving [Clinic Name] effective [Date of Departure] due to my relocation to a new practice in [City/State]. As a result, I will no longer be able to serve as [Patient's Name]'s pediatrician after this date.

Please be assured that [Clinic Name] remains committed to your child's health. You may choose to transfer your child's care to one of my colleagues at this clinic: [List Partner Names]. Alternatively, if you prefer to seek care outside of this practice, we recommend contacting your insurance provider or the local medical society for a list of pediatricians in your area.

To ensure a smooth transition, we will provide emergency care and prescription refills for your child for [30] days from the date of this letter, or until you have established care with a new physician, whichever comes first.

Your child's medical records are confidential. If you choose a new provider outside of [Clinic Name], please sign the enclosed authorization form and return it to our office so that we may transfer a copy of the records to the new physician.

It has been a privilege to care for [Patient's Name]. I wish your family the very best in the future.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]