

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

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

Dear [Patient Name],

I am writing to inform you that I will be relocating my medical practice to [New City/State] and will be closing my current practice effective [Date]. As a result, I will no longer be able to provide you with medical care after that date.

Your health is very important to me. I recommend that you secure a new physician as soon as possible to ensure there is no interruption in your care. You may contact your insurance provider or the local medical society for a list of available physicians in your area.

Your medical records are confidential and a copy is being maintained in accordance with state laws. To transfer your medical records to your new physician, please complete and sign the enclosed authorization form and return it to our office. You may also request a copy for yourself. After [Date], your records will be stored at [Storage Location/Contact Information].

I will remain available for emergency care and necessary follow-up for the next 30 days, until [Date], to allow you sufficient time to find a new provider. After this date, our professional relationship will officially terminate.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]