

[Doctor's Name]
[Current Practice Name]
[Current Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally notify you that I will be closing my solo practice effective [Last Date of Practice] due to my relocation to [City/State]. As a result, I will no longer be able to serve as your healthcare provider after this date.

Your health is very important to me, and I want to ensure you have a smooth transition to a new provider. I recommend that you begin looking for a new physician as soon as possible. You may find a new provider by contacting your insurance company, searching the local medical society directory, or contacting [Local Hospital Name] for a referral.

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 time to establish care elsewhere. After that date, our physician-patient relationship will officially end.

Your medical records are confidential and will be kept on file for the period required by law. If you wish to have your records transferred to your new physician, please sign and return the enclosed medical record release form. Once received, I will forward a copy of your records to the provider of your choice.

Thank you for allowing me to be a part of your healthcare journey. I wish you the very best in the future.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]