

[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 medical practice to another region. As a result, I will no longer be able to serve as your physician effective [Date of Last Day].

Your health and well-being remain my priority during this transition. I will continue to provide emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 Days Out], to allow you sufficient time to establish care with a new provider.

I recommend that you begin your search for a new physician as soon as possible. You may find a new provider by:

- Contacting your health insurance company for a list of in-network providers.
- Contacting the [Local Medical Society/Health System] at [Phone Number].
- Visiting the [State] Board of Medicine website.

Your medical records are confidential. To have your records transferred to your new physician, please sign the enclosed authorization form and return it to our office. Once received, we will forward your records to the provider of your choice.

It has been a pleasure providing for your healthcare needs, and I wish you the very best in the future.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]