

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

[Date]

Dear Patient,

I am writing to formally announce my retirement from medical practice, effective [Date of Retirement]. It has been a great privilege and honor to serve as your primary care physician over the years.

Ensuring the continuity of your healthcare is my top priority. To facilitate this transition, I am pleased to recommend [New Physician Name] at [Practice Name], who will be taking over my patient panel. [He/She/They] is an excellent physician and is looking forward to providing you with the same level of care you have come to expect.

If you choose to continue your care with [New Physician Name], your medical records will remain securely at this office, and no action is required on your part.

If you prefer to transfer your care to a physician outside of this practice, please contact our office at [Phone Number] or visit our website at [Website] to complete a Medical Records Release Form. This will allow us to transfer a copy of your records to your new provider.

I recommend that you schedule any necessary follow-up appointments or prescription refills before [Date of Retirement] to ensure a smooth transition.

Thank you for the trust you have placed in me. I wish you the very best in health and happiness.

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]