

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

[Date]

Dear Patient,

I am writing to formally announce that I will be relocating my medical practice. My last day seeing patients at [Current Practice Name] will be [Last Date].

Starting on [Start Date], I will be practicing at my new location:

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

Your health and continuity of care are very important to me. You have the following options regarding your future medical care:

- **Follow me to my new location:** If you wish to continue seeing me at my new office, please call the new phone number listed above to schedule your next appointment.
- **Remain at this practice:** You may choose to transition your care to one of my colleagues at [Current Practice Name]. Please contact the front desk to select a new provider.
- **Transfer to a different physician:** If you choose to see a physician outside of this practice, you will need to sign a medical records release form.

Your medical records remain confidential. If you decide to transfer your care, please complete the enclosed authorization form and return it to [Current Practice Name] so that your records can be forwarded to your new provider.

It has been a privilege to serve as your physician, and I look forward to continuing our professional relationship at my new location or ensuring you have a smooth transition to your next provider.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]