

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

[Date]

To [Patient Name],

I am writing to inform you that I will be taking a formal leave of absence from my medical practice starting on [Start Date]. I expect to return to the office on [Return Date].

Your health and continuity of care are my top priorities. During my absence, your medical records and care will be managed by [Covering Physician Name]. [He/She/They] is a highly qualified [Specialty] and is fully briefed on the clinical needs of my patients.

If you have an appointment already scheduled during this time, our office staff will contact you to confirm the details. If you need to schedule an appointment, request a prescription refill, or have a medical question, please continue to call our office at [Office Phone Number].

In the event of a medical emergency, please dial 911 or go to the nearest emergency room.

If you prefer to transfer your care to a physician outside of this practice, please contact our office to sign a medical records release form so that we may forward your history to the provider of your choice.

Thank you for your understanding and for trusting me with your healthcare.

Sincerely,

[Physician Signature]

[Physician Printed Name]