

[Date]

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

Dear [Patient Name],

I am writing to inform you that I will be retiring from my gynecological practice effective [Date of Retirement]. It has been a true privilege and honor to serve as your physician and to care for your health over the years.

To ensure you continue to receive high-quality gynecological care, I am pleased to recommend [New Physician Name] at [New Practice Name]. They are highly skilled in [Specialty/General Gynecology] and are prepared to welcome you to their practice. Their office is located at [Address] and can be reached at [Phone Number].

Alternatively, you may choose to transition your care to another provider of your choice. If you wish to transfer your medical records to a new office, please complete and sign the enclosed "Authorization for Release of Medical Records" form and return it to our office by [Deadline Date].

After [Date of Retirement], your medical records will be securely stored at [Location/Storage Facility Name]. You may request copies by contacting [Contact Information].

I value the trust you placed in me as your healthcare provider. I wish you the very best in health and happiness for the future.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]  
[Practice Name]