

[Date]

[Patient Name]

[Patient Address]

[Patient City, State, Zip Code]

Dear [Patient Name],

We are writing to formally notify you that [Clinic Name] will be permanently closing on [Closing Date]. It has been a privilege to provide for your gynecological healthcare needs.

To ensure your continuity of care, we recommend that you establish a relationship with a new provider as soon as possible. We have arranged for a formal transfer of records to the following practice:

**[New Clinic/Provider Name]**

[Address]

[Phone Number]

[Website]

If you choose to transition to this provider, please contact them directly to schedule your next appointment. If you prefer to see a different physician, you may request a copy of your medical records by completing the enclosed authorization form and returning it to us by [Deadline Date]. After [Closing Date], your records will be securely stored at [Storage Location/Organization] and can be requested by calling [Phone Number].

If you have any upcoming appointments scheduled after [Closing Date], our office will contact you shortly to discuss rescheduling or cancellation. For any urgent concerns before our closing date, please call our office at [Current Phone Number].

Thank you for trusting us with your health over the years. We wish you the very best.

Sincerely,

[Physician Name/Clinic Administrator]

[Clinic Name]