

[Physician 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 physician over the years. I truly value the trust you have placed in me regarding your healthcare.

To ensure your continued care, I am pleased to announce that [Successor Name or Group Practice Name] will be taking over my practice. They are highly qualified and committed to providing you with the same level of care you have come to expect. If you choose to remain with this practice, your medical records will stay at this location, and no action is required from you.

If you prefer to transfer your care to a different physician outside of this practice, you have the right to do so. Please contact our office by [Deadline Date] to provide a signed authorization form, and we will arrange for a copy of your medical records to be sent to your new provider. After my retirement, your records will be maintained by [Entity Name/Location] for the legally required period.

If you have any questions regarding this transition or need assistance scheduling your next appointment, please contact our office at [Phone Number].

I wish you the very best in health and happiness for the future.

Sincerely,

[Physician Signature]

[Physician Printed Name]