

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to formally inform you that I will be retiring from my medical practice, effective [Date of Retirement]. It has been a true privilege to assist you in managing your health over the years.

Because your care requires ongoing monitoring for [Name of Condition/Chronic Illness], it is very important that you transition to a new healthcare provider without delay. This will ensure that your prescriptions, treatments, and regular check-ups continue without interruption.

To assist with this transition, I recommend the following options for your continued care:

- [Name of Recommended Doctor/Clinic] - [Phone Number]
- [Name of Recommended Doctor/Clinic] - [Phone Number]
- Your health insurance provider's directory of local practitioners.

Your medical records are confidential. If you choose a new physician within this practice, your records will remain here. If you choose a physician outside of this practice, please sign the enclosed "Authorization to Release Medical Records" form and return it to our office so that we may transfer your history to your new provider.

After [Date of Retirement], my office will no longer be able to refill prescriptions or schedule appointments. Please ensure you have an adequate supply of your current medications to last through your first appointment with your new doctor.

Thank you for trusting me with your care. I wish you continued health and well-being.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Practice Name]