

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Care Reassignment

Dear [Patient Name],

This letter is to formally notify you that [Medical Practice/Provider Name] will be reassigning your medical care to a specialist better equipped to manage your current health requirements. Due to the high-risk nature of your condition and the complexity of your clinical needs, we have determined that your care requires a level of specialized monitoring and resources that are beyond the current scope of this practice.

Effective [Date], I will no longer be your primary treating provider. To ensure a safe transition and continuity of care, we have identified the following specialist/facility for your reassignment:

Provider/Clinic Name: [Name]

Specialty: [Specialty]

Phone Number: [Phone Number]

Address: [Address]

We will continue to provide emergency medical coverage and necessary prescriptions for a period of [Number, e.g., 30] days from the date of this letter to allow you time to establish contact with your new provider. After [End Date], our professional relationship will officially terminate.

Your medical records are confidential. We have enclosed a medical record release form. Please sign and return it so that we may forward your complete medical history to your new physician to ensure they have all necessary information regarding your high-risk status.

Your health and safety remain the priority. We strongly urge you to contact the new provider listed above immediately to schedule your next evaluation.

Sincerely,

[Provider Signature]

[Provider Name/Title]

[Practice Name]