

[Date]

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

Dear [Patient Name],

I am writing to formally announce my retirement from medical practice and the subsequent closure of [Clinic Name], effective [Last Date of Operation].

It has been a great privilege to serve as your physician. I have truly valued the trust you placed in me for your healthcare needs over the years. This decision was not easy, but I am looking forward to this next chapter of my life.

Continuing Your Care:

Your health remains a top priority. I recommend that you begin looking for a new primary care physician as soon as possible. You may contact your insurance provider for a list of in-network doctors or contact [Local Medical Association/Referral Service] at [Phone Number].

Medical Records:

Your medical records are confidential and protected by law. To transfer your records to a new provider, please complete the enclosed authorization form and return it to our office by [Date]. After the clinic closes, your records will be securely stored at [Storage Facility Name/Location] and can be requested by calling [Phone Number] or visiting [Website].

If you have any appointments scheduled after [Last Date of Operation], our staff will be contacting you shortly to help reschedule or provide guidance on next steps.

Thank you for the opportunity to be your doctor. I wish you the very best in health and happiness.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]