

[Doctor Full Name, MD/DO]
[Current Department/Clinic Name]
[Current Institution]
[Current Address]
[City, State, Zip Code]
[Date]

[Recipient Name/Chief of Oncology]
[New Institution Name]
[New Department Address]
[City, State, Zip Code]

Subject: Professional Relocation and Transfer of Care Notice

Dear [Recipient Name/Administration],

I am writing to formally notify you of my upcoming relocation. My final date of clinical practice at [Current Institution] will be [Date]. I will be joining the Medical Oncology department at [New Institution] in [City, State], effective [New Start Date].

To ensure the continuity of care for my current patient panel, I have initiated the following transition plan:

- **Patient Notification:** All active patients under my care are being notified of my departure.
- **Handover of Care:** For patients remaining at this facility, clinical summaries and treatment plans have been updated. Transitions have been coordinated with [Name of Incoming/Covering Oncologist].
- **Record Transfer:** For patients choosing to follow my practice to the new location, I have instructed them on the process for authorizing the release of medical records, including pathology reports, imaging, and chemotherapy flowsheets.
- **Ongoing Clinical Trials:** I have coordinated with the Clinical Research Office regarding the transition of my roles as Principal/Sub-Investigator for active protocols.

I am committed to making this transition as seamless as possible for my patients and my colleagues. Please let me know if there are any specific administrative requirements or final exit procedures I need to complete before [Departure Date].

It has been a privilege to serve the patients and staff at [Current Institution]. I look forward to potential future collaborations in my new role.

Sincerely,

[Signature]
[Doctor Full Name]

[Board Certification/Specialty]
[Contact Information]