

[Doctor's Name]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

Dear [Patient Name],

I am writing to formally announce my retirement from medical practice, effective [Last Date of Practice]. It has been a great privilege to serve as your physician and to be entrusted with your healthcare needs over the years.

Please be assured that your health and continued care remain my top priority during this transition. To ensure a smooth transfer of your medical care, you have the following options:

Option 1: Remain with this Practice

My colleague, [New Doctor's Name], will be taking over my patient panel. They are highly qualified and familiar with our practice standards. If you wish to continue your care at this location, please call [Phone Number] to schedule your next appointment.

Option 2: Transfer to a New Physician

If you prefer to see a physician outside of this practice, I recommend contacting your insurance provider or the local medical society for a list of available providers in your area.

Medical Records

Your medical records will remain at [Practice Name/Storage Location]. If you choose to transfer to a new physician outside of this practice, you must sign a written authorization form to have your records released. You can obtain this form by [Instructions, e.g., visiting our website or calling our office].

Thank you for your trust and for the opportunity to be part of your life. I wish you the very best in health and happiness.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]