

[Date]

Dear [Patient Name],

I am writing to inform you that I will be leaving [Practice Name] on [Last Date]. It has been a privilege to serve as your physician, and I value the trust you have placed in me for your healthcare needs.

Your health and the continuity of your care are my top priorities during this transition. Please be assured that your medical records remain secure at [Practice Name]. You have several options for your continued care:

- **Stay with the Practice:** You may schedule future appointments with one of my colleagues at [Practice Name], including [Name of Suggested Physician]. They are familiar with our clinical standards and will have full access to your medical history.
- **Choose a New Provider:** If you prefer to see a physician outside of this practice, you may request a copy of your medical records or have them transferred by completing an authorization form.

If you have an appointment scheduled after [Last Date], a staff member will contact you shortly to confirm your preferences and reschedule with another provider if necessary.

To request your medical records or for any questions regarding this transition, please contact our office at [Phone Number] or visit our website at [Website URL].

I wish you the very best in health and happiness.

Sincerely,

[Physician Name, MD/DO]
[Practice Name]