

[Date]

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

Dear [Patient Name],

We are writing to formally notify you that [Clinic Name] will be permanently closing its doors on [Closing Date]. It has been a privilege to provide you with healthcare services over the years.

To ensure your continued care, we have arranged for your medical records and care transition to be handled by [New Clinic/Physician Name]. Their contact information is as follows:

[New Clinic/Physician Name]
[Address]
[Phone Number]
[Website]

If you choose to transfer your care to this provider, your medical records will be transferred automatically after [Date]. If you prefer to transfer to a different physician of your choice, please complete the enclosed "Authorization for Release of Medical Records" form and return it to us by [Deadline Date].

Your last day to schedule an appointment at our current location will be [Final Appointment Date]. If you have an appointment scheduled after our closing date, our staff will contact you shortly to help reschedule with your new provider.

Thank you for trusting us with your health. We wish you the very best.

Sincerely,

[Doctor Name/Clinic Manager]
[Clinic Name]