[Your Name/Practice Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Re: Notice of Practice Closure and Termination of Services

Dear [Client Name],

I am writing to formally notify you that I will be closing my private practice, [Practice Name], effective [Final Date of Operation]. As a result, I will no longer be providing professional services after this date.

Our professional relationship will officially conclude on [Last Date of Service]. It has been a privilege working with you, and my primary concern is ensuring you have a smooth transition to a new provider.

Next Steps for Your Care:

- **Referrals:** To ensure continuity of care, I recommend the following providers/organizations: [List 2-3 Referrals or Referral Services].
- **Medical Records:** Your records remain confidential. If you wish to have your records transferred to a new provider or sent to you, please sign and return the enclosed "Authorization for Release of Information" by [Date]. After the practice closes, records will be stored securely at [Location/Service] for [Number] years.
- **Prescriptions:** (If applicable) I will provide refills only until [Date] to allow you time to establish care with a new provider.

If you have an urgent matter before [Final Date of Operation], please contact me at [Phone Number]. In the event of an emergency after the closure, please call 911 or visit the nearest emergency room.

Thank you for the opportunity to have been of service to you. I wish you the best in your future endeavors.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]