Dear [insert patient's name],

I would like to thank you for having been part of [insert practice name]. It has been our pleasure to provide primary care for you. This letter serves as a confirmation of your request to cancel your membership. Once you have established with a new Primary Care Physician, please complete and return the attached record release form so we can forward your records to your new physician.

 Additionally, to ensure continuity of care for you and your family, you will need to follow up with your new Primary Care Physician on the following issues:

1)

2)

Please let me know if I can be of further assistance.

Sincerely,

[insert signature]