Dear [insert patient's name],

This letter shall serve as notice that [insert practice name] will no longer be able to serve as your physician. Per your signed Patient Agreement, [insert practice name] will provide care for acute issues for the next 30 days until you can find a new Primary Care Physician. 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)

Sincerely,

[insert signature]