

Your Letterhead

Date

Dear patients and friends:

After [insert number] years in practice, I am writing to inform you that I will be retiring from the active practice of medicine on [insert date practice will close]. I will be available to serve your medical needs until that date.

It is very important that you make arrangements as soon as possible to select a new physician to make sure you receive uninterrupted medical care. Please contact your medical plan to obtain a list of physicians in the area who are eligible to become your physician. You can also contact the local medical society at **[insert phone number]** for a list of physician names and phone numbers.

Once you have selected a new physician, you will need to complete an authorization to release your medical records so that I can forward a copy of your records to your new physician. Unfortunately, your medical records cannot be released without a written authorization from you. For your convenience, I am enclosing with this letter an authorization form for you to complete and return to the office once you have selected a new physician. Assuming I receive your completed authorization form prior to my last day of practice, there will not be a charge for copying your record. All authorization forms received after **[insert date of practice closure]** will be subject to a reasonable copying fee to cover the cost of duplication.

Thank you for having chosen me as your physician. It has been my pleasure and honor to serve you. I wish you continued health and wellness.

Kindest regards,
[Signature of physician]

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