[INSERT DATE]

Dear Colleagues,

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.]

as of [INSERT DEPARTURE DATE].

**Option 1: No replacement**

Please be aware that I was unable to find another family physician to take over my practice, and the office will consequently be closing permanently as of [INSERT CLOSURE DATE]. My patients have been informed of this and that they will need to find a new physician of their choice.

If you continue to see any of my patients after [INSERT CLOSURE DATE] to forward any reports (e.g. consultation, radiologic and lab reports) to their new physician and not to me. Also, be sure to either contact my patients directly, or their new physician, to confirm any appointments scheduled for after [INSERT CLOSURE DATE].

I have contracted with [INSERT NAME OF MEDICAL RECORDS SERVICE PROVIDER] to securely store all of my patient records. If necessary, [INSERT NAME OF MEDICAL RECORDS SERVICE PROVIDER] can be reached at [INSERT PHONE NUMBER AND WEBSITE].

**Option 2: Replacement found**

As of [INSERT DEPARTURE DATE], please forward all correspondence to my successor, Dr [INSERT NAME] at:

[Address]

[Telephone Number]

[Fax Number]

[E-mail]

Thank you for all your support over the years and my best wishes for you throughout your career.

Sincerely,

Dr [Name]

[Signature]