[INSERT DATE]

To whom it may concern:

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

as of [insert departure date]. My membership/account number is [insert number].

Please forward all correspondence to:

Dr. [Name]

[Address]

[Telephone Number]

[Fax Number]

[E-mail]

[For College notification letter: Use this paragraph to describe the location of patient medical

records and how they can be accessed].

Thank you.

Sincerely,

Dr. [Name]

[Signature]