

Patient Acknowledgment of Primary Care Physician Change

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Full Name], hereby acknowledge the change of my primary care physician from [Old Physician's Name] to [New Physician's Name], effective [Effective Date].

I understand that this change is reflected in my medical records and that [New Physician's Name] will now be my primary contact for all health-related matters.

Thank you for your attention to this matter.

Sincerely,

[Patient's Signature]

[Patient's Printed Name]

[Patient's Address]

[Patient's Phone Number]