

Notification of Primary Care Physician Change

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that your primary care physician has changed from Dr. [Old Physician's Name] to Dr. [New Physician's Name]. This change will take effect on [Effective Date].

Dr. [New Physician's Name] is located at [New Physician's Address], and can be reached at [New Physician's Phone Number]. We encourage you to schedule an appointment with your new physician at your earliest convenience.

If you have any questions or need assistance in this transition, please do not hesitate to contact our office at [Office Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]