

# Closure Notification of Doctor-Patient Relationship

Date: [Insert Date]

Dear [Patient's Name],

I hope this message finds you well. I am writing to formally notify you that I will be closing our doctor-patient relationship effective [Insert Closure Date]. This decision has not been made lightly and comes after careful consideration of [briefly state reason, if appropriate, e.g., relocation, change in practice focus, etc.].

Please ensure that you have made arrangements for your continuing healthcare. I recommend you seek a new healthcare provider to ensure that your medical needs are met without interruption. Should you need assistance in finding a new provider or require the transfer of your medical records, please do not hesitate to contact my office.

I want to take this opportunity to thank you for allowing me to be a part of your healthcare journey. It has been a privilege to work with you, and I wish you all the best in your future health endeavors.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]