

Notification of Address Change

Date: [Insert Date]

To: [Medical Practice Name]

Address: [Medical Practice Address]

Dear [Doctor's Name/Office Manager's Name],

I am writing to inform you of my address change effective [Insert Effective Date]. My new address is as follows:

[New Address Line 1]

[New Address Line 2]

[City, State, ZIP Code]

Please update your records accordingly to ensure that I continue to receive important health information and appointment reminders.

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Previous Address Line 1]

[Your Previous Address Line 2]

[City, State, ZIP Code]