

# Important Notice of Provider Transition

Dear [Parent/Guardian's Name],

We hope this message finds you well. We are writing to inform you about an important change regarding your child's healthcare provider.

As of [Transition Date], [Current Provider's Name] will be transitioning your child's care to [New Provider's Name] at [New Provider's Location]. This change is being made to ensure your child receives the best possible care tailored to their individual needs.

[New Provider's Name] has extensive experience in pediatric care and is dedicated to continuing the high standard of care that you have come to expect.

Please feel free to reach out to us if you have any questions or concerns regarding this transition. You can contact us at [Contact Information].

Thank you for your understanding and support as we make this transition.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]