

Transition Notice

Date: [Insert Date]

To: [Primary Care Physician's Name]

[Primary Care Physician's Address]

[City, State, Zip Code]

Dear [Primary Care Physician's Name],

I am writing to formally notify you of a transition in my care. Effective [Insert Transition Date], I will be transitioning my primary care to [New Primary Care Physician's Name] at [New Physician's Practice Name].

Please send all my medical records and relevant information to [New Primary Care Physician's Name] at [New Physician's Practice Address]. You can contact their office at [New Physician's Phone Number].

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

Thank you for your care and support during my time under your supervision.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]