

Inquiry on Primary Care Physician Continuity

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Medical Practice/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. My name is [Your Name], and I am writing to inquire about the continuity of care provided by primary care physicians at [Medical Practice/Organization Name]. As I understand the importance of having a consistent primary care physician for ongoing health management, I would like to gather more information regarding your policies and practices in this regard.

Specifically, I am interested in the following:

- How does your practice ensure that patients have continuity with their primary care physician?
- What measures are in place for patients who may need to transfer to a different physician within your organization?
- Are there opportunities for patients to schedule appointments with their preferred physician?

I appreciate your attention to this matter and would be grateful for any information you could provide. Thank you for your time, and I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]