## Dear [Patient's Name],

We are pleased to inform you that your continuity of care is our top priority. As such, we are reaching out to notify you regarding your primary care physician, Dr. [Physician's Name].

Dr. [Physician's Name] will continue to provide you with your primary care services and support. We believe that maintaining a strong, ongoing relationship with your physician is essential for optimal health outcomes.

If you have any questions or concerns, or if you wish to discuss your care plan further, please do not hesitate to contact our office at [Office Phone Number] or [Email Address].

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]