

## CLOSING YOUR PRACTICE

Date: \_\_\_\_\_

Dear M. \_\_\_\_\_:

Please be advised that because of (my retirement, health reasons, etc.), I am discontinuing the practice of medicine on \_\_\_\_\_ 20\_\_\_\_\_. I shall not be able to attend to you professionally after that date.

I suggest that you arrange to place yourself under the care of another doctor. If you are not acquainted with another doctor, I suggest you contact the local medical society/association.

I shall make my records of your care available to the physician you designate. Since the records of your care are confidential, I shall require your written authorization to make them available to another doctor. For this reason I am including an authorization form at the end of this letter. Please complete the form and return it to me.

I am sorry that I cannot continue as your doctor. I extend to you my best wishes for your future health and happiness.

Very truly yours,

\_\_\_\_\_ MD