Patient Dismissal Due to Practice Closure - Professional

Subject: Important Notice - Practice Closure

Dear [Patient Name],

I am writing to inform you that [Practice Name] will be closing permanently on [Date]. This decision was made due to [reason: relocation, changes in healthcare landscape, personal circumstances, etc.], and I deeply regret any inconvenience this may cause you.

All patient appointments scheduled after [Date] will need to be cancelled. Our staff will be contacting you directly to assist with rescheduling any upcoming appointments with alternative providers.

Your medical records will be maintained and stored securely for [Number] years in accordance with [State] law. To obtain copies of your records or to have them transferred to a new provider, please contact our office at [Phone Number] or email [Email Address]. We will process all record requests at no charge through [Date].

I want to thank you sincerely for choosing our practice for your healthcare needs. It has been a privilege to serve you, and I am committed to making this transition as smooth as possible.

If you need assistance finding a new healthcare provider, please let us know and we will be happy to provide recommendations.

Sincerely,

[Physician Name/Practice Administrator]

[Practice Name]

[Phone Number]