

Appendix A

Sample Patient Notification Letter of Retirement or Closing a Practice

DATE

INSIDE ADDRESS

Dear INSERT NAME OF PATIENT/PARENT:

I have enjoyed the opportunity of being INSERT NAME OF CHILD 's pediatrician. As some of my patient's families already know, I have decided to retire from clinical practice on INSERT DATE. INSERT NAME OF PRACTITIONER(S) have agreed to assume care of my patients on my retirement, if you wish to continue to bring your child to our practice. If you prefer to transfer care to another group, our staff will be able to assist you in transferring medical records to your new physician, with your consent. I wish you the very best of health and good fortune in the future and will always be grateful for your allowing me, as a pediatrician, to have been part of your child's and family's lives.

Sincerely,

Name of MD

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