

<Date>

<Inside address>

Dear <Parent's Name>:

We regret to inform you that (Dr X or NAME OF PRACTICE) will no longer be able to provide medical care to your child. If you require medical care within the next 30 days, I/we will be available, but will not be available to care for your child after <month, day, year>.

Please secure the care of another <subspecialist>. You may ask your child's primary care doctor for guidance in selecting another <subspecialist>. You may wish to consider the following options:

<Options>

To help you continue to receive medical care, we will make a copy of your child's medical records available to the new physician you designate. Information about forwarding or receiving a copy of your child's medical records is available by calling <phone number>.

If you have any concerns about this transition or need our help, please call the office. Again, I/we will be available to you for the next 30 days. After that time, my office will no longer provide medical services to your children. I extend to you best wishes for your child's future health and happiness.

Sincerely,

Denise Doctor, MD