

Patient Practice Closure Cover Letter

[Date]

[Patient Address]

Dear [Patient],

I am writing to inform you that after _____ years, I will be closing my family practice as of [DD/MM/YYYY]. Unfortunately, I have not been able to find anyone to take over my practice and I urge you to start seeking someone to take over your care. Please visit the Healthlink BC website which provides a list of walk-in clinics at <https://www.healthlinkbc.ca/services-and-resources/find-services>. You can also call them at 8-1-1. Also, consider using your personal network to find a physician, a family member or friend may be able to ask if their doctor is taking new patients.

Making the decision to leave my practice has not been easy and leaving a practice with so many wonderful patients will be the most difficult part. I have valued the trusted relationship we developed and truly appreciated the opportunity to help you manage your health care needs.

To obtain a copy of your medical record, please contact the company below for transition to yourself or your new physician:

[Insert Medical Record Retrieval Service & Cost Information Here].

Thank you for the privilege of being your family doctor for all these years. I wish you and your family the best of health in the future.

Yours truly,

Dr. _____

Commented [MN1]: Feel free to edit this letter to make it more personalized. To delete this comment and others, simply right click on the box and select "Delete Comment"

Commented [MN2]: Your last day of practice in-office

Commented [MN3]: If you have found someone to take over your practice, include the physician's full name and practice location

Commented [MN4]: For more information on Medical Record Retrieval Services, contact the Vancouver Division of Family Practice.