**Template: Closing a medical practice with no physician taking over**

*(Note: this letter refers to a retiring physician. If you are closing down the practice for other reasons, revise accordingly.)*

Dear Patient,

I wish to inform you that I will [be retiring from the practice of medicine/closing my practice of medicine] on [date]\_\_\_\_\_\_\_.

I feel very fortunate in finding Dr. \_\_\_\_\_\_\_\_ to take over my practice. Dr. \_\_\_\_\_\_\_\_\_\_

received training at \_\_\_\_\_\_\_\_\_\_\_\_\_\_and completed residency in \_\_\_\_\_\_\_\_\_\_\_.

It is very gratifying to have found such a caring and competent doctor to take my place. Dr. \_\_\_\_\_\_\_will begin working with me on[date]\_\_\_\_\_\_\_.

Your medical records will automatically remain with Dr. \_\_\_\_\_\_\_, unless I receive written authorization (form enclosed) from you to transfer them to another physician. I recognize that changing physicians may be stressful. I encourage you to seek continuity of care by contacting Health Care Connect at 1-800-445-1822 or visiting [ontario.ca/healthcareconnect](http://ontario.ca/healthcareconnect) for information on other physicians in the area.

Thank you for the privilege of being your doctor. I wish you all the best and a healthy life.

Sincerely,

*[also add the authorization form for patients to obtain their medical records]*