**Template: Closure notification of hospitals/long-term care/ pharmacies/laboratories/other providers template (if a physician is taking over the practice)**

[Letterhead or your name/clinic name/contact information]

Date:

To:

I wish to notify you that I will be closing my practice as of [*date of closure*]. Please update your records accordingly.

To ensure patients’ continuity of care, please send any outstanding reports/letters to my office by [*suggest two weeks before closure*].

As of [*departure date]*, please forward all correspondence to [*my successor, Dr.\_\_\_\_\_\_\_\_*, at:

*[Address, phone number, fax number, e-mail]*

If you need further information after [*closure date*], forward all correspondence to:

Telephone: Email:

New address:

Thank you for all your support over the years, and my best wishes to you.

Sincerely,