**Patient Practice Closure Cover Letter TEMPLATE**

**[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.

Please register yourself on the North Shore Division of Family Practice’s GPLink online waitlist. This service will help you in being connected to a new physician***. www.nsgplink.ca***, if you cannot sign up online you can phone them to have them sign you up at 778-945-3017 ext 219.

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. **[INSERT YOUR NAME]**