**Patient Practice Closure Letter TEMPLATE**

**[Date]**

**[Patient Address]**

Dear [**Patient],**

I am writing to inform you that I will be retiring after years in practice on **[DD/MM/YYYY].** Fortunately, I have been able to find a new physician to take over your care.

 **[Insert brief bio of new family physician]**

 If you would like to search for your own physician, please visit, the Healthlink BC website which provides a list of walk-in clinics at ***www.healthlinkbc.ca/services-and-resources/find-services***.

You can also call them at 8-1-1. You can also 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.

Please make your next appointment with:

**[DR. NAME]**

**[ADDRESS]**

**[PHONE NUMBER]**

To book your first appointment, please call the phone number above. Please call and book your first appointment within one month of receiving this notice. When you call to book your appointment, please mention you have been personally referred by **Dr.­\_\_\_\_\_\_\_\_\_\_\_.**

If you do not call within this time frame, space with this physician may no longer be available.

**[INSERT INFORMATION ON RETRIEVAL OF MEDICAL RECORDS HERE]**

Making this decision has not been easy and leaving a practice with so many wonderful patients will be the most difficult part. I have highly valued the trusted relationship we have developed, and truly appreciated the opportunity to help you manage your health care needs, as well as support you during difficult times. Thank you for the privilege of being your family physician. I wish you and your family the best of health in the future.

 Yours truly, Dr. **[INSERT YOUR NAME]**