

Date

Address of Physician's Office

Dear name of patient :

I received your letter dated _____ informing me that you will be changing doctors. I want to be sure that your new doctor receives your medical information promptly.

I am sending a release form and a self-addressed stamped envelope with this letter. Please sign the form and return it to me so that I can send a copy of your medical records to your new doctor. If it is easier, you may come to the office to sign the form.

To continue your medical care, it is important for you to see your new doctor as soon as you can.

Sincerely,

Name of PCP

Enclosure