

# We're Moving!

**DATE**

Dear Friends and Patients,

I am pleased to announce that as of **DATE**, I will be joining **PRACTICE NAME**. As a result of this change, I will be moving my office to a new location in **CITY**.

In my new location, I will be joining an outstanding group of physicians. I will continue to care for my patients, but will now have the additional support of colleagues to provide coverage when I am out of the office. I will continue to participate in the same insurance plans, so that should not be a concern.

I value you as a patient, and I hope you will come to my new office for your healthcare needs. Your medical records will be moved to the new office location on **DATE**. If you would like to have your records sent to another practice, please have that practice send a release form to my new office.

I realize that change can be difficult but my staff and I hope to make the transition as smooth as possible for you. We have included all the details regarding our new location, including address, phone number and office hours in the box highlighted below.

It has been a pleasure working with you and I look forward to seeing you at my new location. If you should have any questions or concerns, please feel free to contact us or drop by the office.

Sincerely,

**DOCTOR'S NAME**

**New Office Location:**

PRACTICE NAME

ADDRESS

CITY, ST, ZIP

**New Phone Number:**

PHONE #

**Office Hours:**

Monday - Friday

8:30 a.m. - 4:30 p.m.

