MONTH DATE, YEAR

**McLaren Region -**

**Office Name**

STREET ADDRESS, SUITE #

CITY, MI ZIP

tel: (000) 000-0000

fax: (000) 000-0000

mclaren.org/officeURL

Dear Patient:

After XX years of service, it is with mixed emotions that I announce my retirement from McLaren Medical Group, effective Month Date, Year. Having had the privilege of providing care to City and the surrounding communities, I enjoyed getting to know each of you. I thank you for your trust and confidence over the years.

Your ongoing care is my priority and I have assurance the providers and staff are ready and competent to address your needs and concerns. Therefore, please schedule your next appointment with one of the highly qualified providers below.

|  |  |  |  |
| --- | --- | --- | --- |
| Provider | Specialty | Office | Telephone |
| First Last, Credential | Specialty | **Location Name**Address  | (000) 000-0000 |
| First Last, Credential | Specialty | **Location Name**Address  | (000) 000-0000 |
| First Last, Credential | Specialty | **Location Name**Address  | (000) 000-0000 |

 *\*IF YOU WISH TO INCLUDE MORE THAN 3 PROVIDERS, PLEASE INSERT ROWS\**

For a full list of providers in your area, please visit mclaren.org/Region. If you have questions concerning your care or would like to schedule an appointment, please call our office at (000) 000-0000.

Thank you for entrusting McLaren with your health care needs. I have full confidence you will receive similar care from my trusted colleagues.

Sincerely,

*Upload signature(s) in the Special Notes/Attachments section of Request Form.*

First Last Name, Credential

Specialty

McLaren Medical Group