

## Notice of Change in Healthcare Provider

To: \_\_\_\_\_ (provider name)

This letter serves as a notice of change in healthcare providers.

I, \_\_\_\_\_, have chosen to move to a new healthcare provider and would like to discontinue services with the provider named above.

Thank you for your care and respect in this decision. Please see the attached record request, if applicable.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of individual, if other than the patient

\_\_\_\_\_  
Relationship to patient