**Notification to Change Primary Care Provider**

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| --- | --- | --- |
| Date: |  |  |
| Dear  |  | Dr.  |

|  |
| --- |
| Attach patient label |

On <INSERT DATE> we had a conversation with <INSERT PATIENT’S NAME> and confirmed that they consider Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ to be their primary care physician. We kindly request that you update your electronic medical record to remove this patient from <INSERT DR. NAME> patient panel. This will remove the above patient from the CPAR conflict report for both of our clinics.

If you have any questions, please contact our clinic.

Sincerely.

(Name of clinic staff)

***PATIENT CHART IS REQUESTED (circle one)* Yes No**