

# Medical Office Change of Address Notice

Use this **medical office change of address notice form sample** to promptly inform patients and partners about your new location. This template ensures clear communication and helps maintain seamless operations during the transition. Download and customize it to suit your practice's specific needs.

**Practice/Physician Name:**

**Current (Old) Address:**

**New Address:**

**Effective Date of Move:**

**New Phone/Fax/Email (if applicable):**

**Additional Information (e.g., parking, new hours):**

**Send Notice**

---

If you have any questions, please contact our office at **[Current Phone Number]** or email us at **[Current Email Address]**.

Thank you for your attention - we look forward to welcoming you at our new location!