**Template: Office Poster (with a replacement physician)**

**Notice of Retirement/Closure**

Name

Address

Phone No.:

I regret to announce the closure of my practice.

My last day in office will be:

Dr. \_\_\_\_\_\_\_\_will be taking over my practice on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**If you wish to find another physician:**

Call: 1-800-445-1822 or visit [ontario.ca/healthcareconnect](http://ontario.ca/healthcareconnect)

### Your medical records:

Your medical records will remain with Dr. .

Thank you for the privilege of being your physician.