**Template: Office Poster (without 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:

**To find a new physician:**

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

### To access your medical records:

To obtain a certified copy of your medical record, please contact:

*[medical record storage company name, address, phone number, email address and cost].*

Thank you for the privilege of being your physician.