**Template: Voice message template for patients after practice closure.**

Hi, I regret to announce that I, [name and clinic], have closed my practice [due to retirement/illness].

My last day in office was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[medical record storage company name, address, phone no and email].

To find another physician in your community, please contact Health Care Connect at 1-800-445-1822 or visit [ontario.ca/healthcareconnect](http://ontario.ca/healthcareconnect).