**Template: Notification to OHIP/professional bodies/business contacts**

[Letterhead or your name/clinic name/contact information]

 Date:

To Whom It May Concern:

I wish to notify you of the practice closure for:

Dr. on [*date of closure*]

###### OHIP provider no./membership no. /account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Email: \_\_\_\_\_\_\_\_

**Please amend your records accordingly or cancel my membership as of my retirement date.**

If you need further information, please contact me at:

New Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient medical records will be stored at: (if applicable)**

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,