

New Practice Announcement Guidelines

Eligibility:

This service is available to OMA Members who wish to announce the opening or joining of a new practice, and those who have a new practice location or new scope of practice. The announcement is done via postal mailing to physician OFFICE ADDRESSES ONLY in a particular territorial division.

Content/Messages:

The announcement should indicate the following:

- a. **NEW PRACTICE** must be in title/subject line of the announcement OR the physician should indicate she/he has a new practice location, or new scope of practice (eg. GP Focus Designation)
- b. These services do not include promotions or general advertising of a practice's offerings.
- c. All announcements should include the physician's specialty (and subspecialties for which they accept referrals); contact information and general timeframe for contacting the referring physician and/or patient.

Essential elements to be included in the announcement:

- Physician name and practice location
- Clear "New Practice" or "New Scope of Practice" statement as a headline
- Contact information (telephone, fax, etc.)
- Specialty and subspecialties if applicable
- Areas for which referrals are being accepted (eg. Orthopaedic Surgery, knee surgery only)
- Estimated timeframe for contacting referring physician/patient

Design:

- Word or PDF document
- Referral Page can be included (optional and single sided)
- 8 ½ x 11 page size for both

Fonts for Headers: Please use Arial Bold or Times Bold

Main body text: Please use Arial Regular or Times Regular

Graphics:

- Practice/Physician letterhead
- Practice/Organization logos
- Physician portraits and maps

The following pages include layout options that allow for customization of each announcement, yet maintain baseline standards across the communications overall. Customization may include the announcement being placed against the letterhead of a physician, practice or organization, but the main body text will be limited for both content and design.

Sample 1: Specialist

Doctor Name
 Orthopaedic Surgeon
 Address, ON
 Phone Fax

NEW PRACTICE ANNOUNCEMENT

Dear Colleague,

I am pleased to announce the opening of my Orthopaedic Surgery practice at ____ Hospital.

I completed my medical degree and residency at ____ University. I then completed an orthopaedic ____ fellowship at ____ University in xxxx year.

The scope of my practice will include general orthopaedics with a subspecialty in _____. I will focus on mainly (knee and ankle arthroscopy). My practice will **not** include (spine) cases.

I am on an Electronic Medical Record (EMR) and notes will be sent back to referring physicians usually within ____ business days/weeks. New referrals will be accepted via (fax) (xxx-xxx-xxxx).

For further information, please feel free to contact my office:

____ Address

Tel: xxx- xxx-xxxx

Fax: xxx-xxx-xxxx

Sincerely,

Dr. ____ MD, FRCSC

Disclaimer:

The disclaimer below will automatically be added to every New Practice Announcement by the printing vendor. This does not need to be included in your final submission.



You are receiving this announcement as part of the OMA's New Practice Announcement Service. This service is offered to OMA members who wish to announce the opening of a new practice or joining of a practice, or who have a change of scope of practice. This is done with the purpose of helping inform established physicians in the nearby area of a colleague's practice for patient referral purposes. The costs of the postal mailings are borne in their entirety by the physician/practice noted, who is entirely responsible for the content of all messages. The role of the OMA is solely to ensure the privacy of all contact information by handling all mailing. In no way does the OMA take responsibility for the content of said announcements, nor does it guarantee the accuracy of any information in the announcement. If you have questions about this service, please contact Member Administration at 1-800-268-7215 or practice.mailing@oma.org. Thank you.

Sample 2: General Practitioner (Joining a Practice)

Clinic Name
Address, ON
Phone Fax

NEW PRACTICE ANNOUNCEMENT

Dear Colleague,

We are pleased to announce that Dr. ___ has opened a new practice at _____.
Dr. ___ completed his training in Family Medicine at ___ University in 20xx, and is a graduate of the University of _____ medical school. Dr. ___ has obtained additional training in _____.

The Family Health Clinic is located at xx and will be providing comprehensive health care for patients. We are now accepting new patients and referrals via ___ at xxx-xxx-xxxx.

Our team of physicians:

- Dr. xxx
- Dr. xxx
- Dr. xxx

For further information please contact us at:

- Phone: 416-111-1111
- Email: info@familyhealth.ca
- Web: www.newfamilyhealthpractice.ca

Sincerely,
Dr. xxx Dr. xxx Dr. xxx

Sample 3: With Photo



DR. A. BLANK

MD, FRCSC
General Surgeon

CONTACT INFORMATION:

Address:

123 Main St.
Toronto ON, M1M 1M1

Phone:

xxx-xxx-xxx

Fax:

xxx-xxx-xxxx

Email:

a.blank@mail.com

NEW PRACTICE ANNOUNCEMENT

Dear Colleagues,

We are pleased to announce that **Dr. A. Blank** will be joining the Division of General Surgery at Newish Hospital on January 1, 2020.

Biography:

Dr Blank is a General Surgeon. He completed his undergraduate studies at ____ University and obtained his medical degree from the University of _____. He then completed a residency in General Surgery at _____.

Dr. Blank's interests include

Practice Information:

Dr. Blank will be joining Dr. B and Dr. C in a combined surgical office at 123 Main St.

Referrals:

Dr. Blank is a **General Surgeon** and is accepting new referrals of patients with the following:

GENERAL SURGERY

-
-
-
-
-

Dr. Blank will be **accepting new referrals by fax at (xxx) xxx-xxxx**. Please direct any questions to (xxx) xxx-xxxx or email.

Sincerely,

A. Blank, MD FRCSC