

SAMPLE DOCUMENT: Notice of Practice Closure

The practice of Dr(s). _____ [name(s)] is announcing its closure as of _____ [date]. Patients needing assistance in locating another physician should contact their health insurer, the local medical society at _____ [phone number], or the local hospital referral line at _____ [phone number]. With written patient authorization, a copy of the medical record will be available at _____ [address] or by calling _____ [phone number] until _____ [date].

SAMPLE