Annex 10

Rejection of Extended Closure – Example Letter

[*date*]

Dear [*name*]

Application to close patient list

We have rejected your application to extend the period of patient list closure because:

[*reasons*]

If you wish to dispute this decision, please make your representations to [*contact details*].

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee and any other parties contacted during consultation