Annex 11 B 3.5.3

Example application to close patient list – sample letter from commissioner to contractor

[*date*]

Dear [*name*]

Application to close practice list of patients

Please find attached an application form to close your practice list of patients to be completed and returned for consideration by us.

We will acknowledge your completed application in writing within seven days of receipt.

While considering your application, we may consult with the Local Medical Committee and any others affected by the closure, such as your registered patients, other local practices, local pharmacists and so on. Their views will be provided to you for consideration and comment before a final decision is taken. This decision will be notified to you within 21 days of receipt of your completed application template.

It is your right to withdraw your application for list closure at any time before the final decision is made.

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee

Enc. Application form