Annex 18 B 3.5.19

Approval – example extended closure notice

[*date*]

Dear [*name*]

**Extended closure notice for your practice list of patients**

We have approved your application to extend the period of your practice list of patients closure, which will be for a period of [*either that period originally requested or subsequently discussed and agreed with the contractor*] starting on [*date*].

Throughout this further closure period, you may only accept an application for inclusion on your list from a person who is an immediate family member of a registered patient.

Based upon this extended closure notice, your list of patients will re-open on [*date*].

You must close your list on the date specified above. Should you wish to re-open your patient list before this closure notice ends, this must be agreed with the Commissioner in advance.

Yours sincerely

[*name*]

[*title*]

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