



Om Prakash Sharma
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Dear Sir or Madam,

I wish to inform you of a change in my career that will require me to close my clinical practice at Toronto Western Hospital effective October 20th, 2016. It has been a great privilege and pleasure providing for your health care needs.

The orthopaedic staff and I will make arrangements for you to be followed by one of my colleagues that is best suited for you.

Your medical records will remain on file at Toronto Western Hospital. If you would like to obtain a copy of your health record after my departure, please contact the Health Records Department at (416) 946-4501 ext. 4711#.

Thank you again for allowing me to serve as your physician. I am confident you will feel comfortable and secure with the care that you will continue to receive at the Toronto Western Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Sharma". The signature is written in a cursive style and is positioned above a horizontal line.

Om Prakash Sharma, MBBS, MS (Ortho), FRCSC