



NOTIFICATION OF OPTICAL STORE CLOSURE IN BRITISH COLUMBIA

Registrant's Name: _____
First
Middle
Last

Registration Number: _____

THIS NOTICE SERVES TO INFORM THE COLLEGE OF OPTICIANS OF BRITISH COLUMBIA OF THE CLOSURE OF:

_____ Business Name

_____ Unit # Building Name, Street Number and Name

_____ City Prov. Postal Code Country

_____ Work Phone and ext. Work Fax Work E-mail

Date of Closure is effective starting on: _____
YYYY / MM / DD

PATIENT FILE MANAGEMENT

Please indicate the storage name and location/address of the client files of the Closing Store. If the contact lens files are stored separately, please include the name and address of the Registered Contact Lens Fitter Dispensing Optician receiving the files.

ACTIONS TAKEN TO NOTIFY PATIENTS OF NEW FILE LOCATION

