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RETAINER MEDICAL AGREEMENT TERMINATION NOTICE

I would like to terminate my retainer medical agreement and am providing 30 days written notice (termination date will be 30 days from the date of this notice). Please send a prorated refund to the following address:

I understand a prorated refund (if applicable) will be sent to me by the termination date.

I will contact my new physician and send your office a signed medical records request to forward my records.

Thank you!

Member

Date