Dr. Eckhart Schweihofer M.D.

2425 Bloor Street W., Ste. 210 Toronto, ON M6S 4W4

December 2018

NOTICE OF RETIREMENT

Dear Patients,

After much consideration and with mixed feelings, I have decided it is time to retire from my family practice effective **Thursday, January 31st, 2019.**

Introducing Dr. Gorica Milojevic

Many of you have already met **Dr. Gorica Milojevic**, since she has been coming in a couple of days a week to cover as a locum. She is a bright and capable doctor who has agreed to take on all my patients wishing to transfer to her practice, which will be at this location starting in February 2019. I will also be working in her practice on Wednesdays. A short bio for **Dr. Milojevic** is on the reverse side of this letter.

I am enclosing 2 important forms with this letter that you'll need for registering with **Dr. Milojevic's** practice. Please complete them as best you can and return in the envelope supplied.

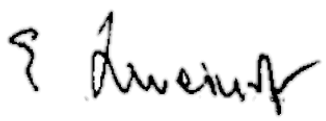
1. **Roster Form** - This registration form must be filled in and returned if you wish to join **Dr. Milojevic's** practice. This form comes with instructions for filling it in.
2. **Authorization for Release of Your Medical Record** – This form, also included in this package, is necessary to obtain a copy of your medical record for transfer to **Dr. Milojevic**, for yourself and/or another doctor of your choosing.

I am required to store all of my patient records for a period of time before they can be shredded. I have contracted with **RSRS**, a physician-managed records company to securely store the records and to assist you with transferring / obtaining a copy as you attend your first appointment. This certified record will comprise both your electronic and paper records brought together as one comprehensive PDF record (which is also fully searchable by word or phrase).

The **Authorization for Release of Your Medical Record** form (mentioned above) must be completed before any of your information can be released. While there is a one-time administrative fee associated with the work to prepare your full record, you will have the benefit of full access to your own copy as well. This form should be returned in the enclosed envelope, or by fax at **1-877-398-5932**, or you can go online instead to fill in the form at www.RecordSolutions.ca/DrSchweihofer.

It has been an honor and a privilege to be entrusted with your medical care. After so many years, my patients have become friends, and you are all very important to me. I wish you and your family good health and happiness for the future.

Sincerely,



Dr. E. Schweihofer M.D.

Note: I am required to store all patient records for a number of years in accordance with guidelines. I have contracted with RSRS (Record Solutions) to store my patient records and make a copy available to you and / or to your next doctor upon receipt of your written request (Authorization for Release…. enclosed with this letter.)

Dr. Gorica Milojevic -Bio

Dr. Gorica Milojevic is an established family physician in the Bloor West Village area for the past 4 years. She is a graduate of the University of Waterloo and obtained her medical degree
at Saint James School of Medicine in the Netherlands Antilles. Her residency in family medicine was at the Oakland University William Beaumont Hospital in Michigan.
She had 2 years of general surgical training at Providence Hospital in Michigan.

Dr. Milojevic is board certified by the Canadian College of Family Physicians as well the American Board of Family Physicians. She is also a diplomate of the American Board of Family Physicians.

Dr. Milojevic is fluent in English, Serbian and German.