SCHEDULE VIII

Notice from physicians wishing to cease the exercise of their profession

Date.....190

To the Registrar,

Coll. of Phys. and Surgeons.

Sir : —

I have the honor to inform you that beginning with the.....day of . . .

.....I will cease to practice as physician, and I beg you to strike out my name from the Register of physicians an surgeons of the Province of Quebec.

Respectfully yours

Signature.....