

**NOTIFICATION OF CLINIC PURCHASE/START UP/  
OWNERSHIP CHANGE**

Name of Clinic: \_\_\_\_\_

Address of Clinic: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner of Clinic: \_\_\_\_\_

Contact #: \_\_\_\_\_

Clinic Purchase     Start Up     Ownership Change