



It has come to our attention that one of your doctors, _____ ,
has either permanently retired or no longer practices at the office(s) located at:

In order for Envolve Vision (formerly OptiCare Managed Vision) to adequately reflect this change throughout our records, we require formal documentation to support the changes that are made. Please fill out the form below and fax it to (866) 614-4951.

Thank you,

Return Fax

To: Envolve Vision

Fax: (866) 614-4951

From: _____

Phone: _____

Company Name:	
Address:	
Tax ID:	
Physicians First Name:	
Physicians Last Name:	

This physician:

Permanently retired:

No longer practices at this physical location:

No longer practices for any locations with this tax ID:

Office Staff Member (Print) Name: _____

Office Staff Member Signature: _____ Date _____