

Important Notification: Upcoming Medical License Expiration

Dear [Recipient's Name],

This is to inform you that your medical license, bearing number [License Number], will expire on [Expiration Date]. We recommend that you take the necessary steps to renew your license to ensure your continued practice without interruptions.

Please submit your renewal application along with any required documentation before the expiration date. For further assistance, you may contact our office at [Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]