**Patient Termination Letter Example Dental**

**[Your Dental Practice Name]
[Your Address]
[City, State, ZIP Code]
[Date]**

**[Patient Name]
[Patient Address]
[City, State, ZIP Code]**

**Subject: Termination of Dentist-Patient Relationship**

**Dear [Patient Name],**

It is with regret that we inform you of our decision to terminate our dentist-patient relationship effective [specific date]. This decision is based on [specific issue, e.g., missed appointments, failure to follow treatment recommendations, or inappropriate behavior].

Over the course of our professional relationship, the following incidents have occurred:

* [Incident #1]
* [Incident #2]
* [Incident #3]

To ensure continuity of your dental care, we will be available for emergency treatment and necessary prescription refills until [specific date]. We recommend that you seek care from another dental provider and have included a list of local dental professionals to assist in this transition.

You may request a copy of your dental records by contacting our office at [phone number]. A signed release form is required to complete the transfer.

We appreciate the opportunity to have served you and wish you the best in your future dental care.

**Sincerely,
[Your Name and Title]
[Dental Practice Name]**