

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]