SAMPLE DISMISSAL LETTER

Send certified mail with a returned receipt and regular mail

Date

Insert Patient Name
Insert Patient Address
Insert Patient City, State, Zip

Dear (Patient):

Thank you for selecting (dental group) as your dental care provider. It has become apparent because of a breakdown in our doctor-patient relationship, which is necessary for optimal care; your dental needs would be better met elsewhere.

This letter is to inform you that as of the date of this letter, I (we) will no longer be able to provide you your dental care and treatment. Should an emergency arise within the next 30 days, I(we) will be available to you during our regular office hours.

Dental conditions tend to worsen with time if they are not addressed. Therefore, I recommend you seek another dental care provider as soon as possible. Both the local and state dental associations can assist you with recommending a new dental care provider.

My office will be happy to forward your records to your new dental care provider upon receipt of a written release. Your new provider can help you with this release.

I appreciate the opportunity to have been of service to you as your dental care provider and wish you the best of luck moving forward.

Sincerely,

Doctor's Signature

SAMPLE