

| Date                                       | Certified   |
|--|---|
| Dear                                       |   |
| obtain medical clearance from yo           | sistently advised that before initiating any treatment, it is necessary to our primary care physician and to consult with a periodontist (Gum develop a comprehensive treatment plan to restore your oral health. |
| To date you have not taken any             | steps to proceed forward.   |
| Per our office policy, we are send (date). | ding this formal letter terminating our dentist-patient relationship as of  |
|  | o we are informing you that your current oral health condition poses andition, overall health, and to your ability to chew. Please seek dental care   |
|  | by searching the American Dental Association website- "Find a dentist" our primary care physician, or online search.  |
| We will be available for emergen           | cy dental care for 30 days from the date of this letter.  |
|  | of your records upon receipt of your signed written request and the covering our administrative cost.   |
| Sincerely,                                 |   |
| [ Dentist's name]                          |   |
| [ Practice Name]                           |   |

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