



Date _____
Certified _____

Dear _____

We have tried reaching you several times to no avail.

Per our office policy, this letter is to notify you that you are being discharged from our dental practice as of _____.

Your well being is our priority. You have the following conditions that need treatment [brief explanation in language that the patient understand].

The risk of not following up on your recommended treatment is _____.

You can find a dentist online or by searching the American Dental Association website- "Find a dentist" section, friends/family referral, your primary care physician, or online search.

We will be available for dental emergency needs until 30 days from the date of this letter.

We will be glad to furnish a copy of your records upon receipt of your signed written request and the nominal fee of _____ covering our administrative cost.

Sincerely,

[Dentist's Name]

[Practice Name]

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