



Date _____

Certified _____

Dear _____

Per our discussion, and per our office policy, we are sending this formal letter terminating our dentist-patient relationship as of (date).

The well being of our patients is our priority, so we are informing you that you still need the following treatment: (List all treatment still needed per agreed treatment plan). The risk of not getting this 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 emergency dental care for 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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