



## Retirement and Practice Transition Letter

After many rewarding years in practice, I am writing to share that I have sold my practice to [\_\_\_\_\_].

As of [date], I will no longer be providing care at this office. I am pleased to share that Dr. [name] will be taking over the practice. [Insert a brief **honest** endorsement of Dr. [name] here.]

You are welcome to continue your care with Dr. [name], or you may choose another dentist if you prefer. Whatever you decide, your choice will be respected, and we will support a smooth transition.

Your dental records will remain secure with Dr. [name] at [practice address, phone, email], in accordance with [state] record-retention requirements. If you would like a copy of your records, or if you would like your records transferred to another provider, please submit a written request to:

[Records Request Recipient/Office]

[Address Line 1]

[Address Line 2]

[City, State ZIP]

[Fax/Email (if applicable)]

Your privacy and confidentiality will continue to be protected. Your records will be used only to support your ongoing care. If you are in active treatment or due for a follow-up, I encourage you to schedule your next appointment soon.

It has been my honor to be your dentist and to serve our community. Thank you for the trust you have placed in me over the years.

With warm regards,

[name]

[license number]

*This document is provided by Dentists Choice™ as a sample template and is intended for informational purposes only. It is essential that you customize this form to your specific needs while ensuring strict compliance with your state laws. This sample form or any other publications or forms provided by Dentists Choice™ do not constitute clinical or legal advice. Any person should direct any specific legal or dental questions to a competent attorney or dental professional.*

*The information on this website or in related publications may include topics that are not covered by your insurance policy. This information does not imply coverage. Please refer to your insurance policy for specific coverage details.*