

# [OFFICE LOGO/INFORMATION]

[DATE]

Dear [patient],

This letter is to inform you that I will no longer be your dentist and I will stop providing you with dental care effective 30 days from the date above.

I have always felt that it is imperative to have a good two-way doctor-patient relationship with any patient who is treated in my practice. Unfortunately, I don't believe we have been able to establish this connection. After you have cancelled several appointments, and I've carefully reviewed your dental health status, it is my opinion that my recommendations for your dental treatment are not being followed. In order to receive the type of dental care you are looking for, I feel as though you would be better served at another dental office.

I will forward your records to another dentist at your request. I will be available for 30 days for any emergency treatment you may have. This is so you have adequate time to find another dentist.

Please make sure that you seek care as soon as possible so that your dental health is not adversely affected.

Sincerely,

[Dentist's signature]