Letter of Dismissal

| Dear, |
|--|
| My ability to continue to serve you by providing your dental treatment has been compromised |
| by: |
| |
| Therefore, I am requesting that you seek dental treatment elsewhere. In the interim, I will remain |
| available to treat you on an emergency basis for the next 30 days. If I do not hear from you |
| within that time, I will presume that you have made arrangements for future dental care |
| elsewhere. I will be happy to forward your records to the dentist of your choice. |
| |
| Dentist Signature: |
| Date: |

This sample document contains information that you may use or modify for your practice's needs. Your needs may vary based upon the laws in your state. This document does not constitute legal advice.