

Dentist's Name
Dentist's Address

Patient's Name
Patient's Address

Dear Patient's Name:

Effective the date of this letter, I will no longer treat you as a patient in my practice. I am terminating our dentist-patient relationship because

Select and insert a non-pejorative reason that is objective and factual: e.g.:

- **You have failed to meet your financial obligations to our office.**
- **You have failed to comply with my recommendations for regular preventive care necessary to help maintain your oral health.**
- **You have missed xx number of scheduled appointments making it impossible to provide your necessary treatment.**
- **You have failed to comply with my referral for treatment with a specialist.**
- **You have indicated that you are not comfortable with our office policies.**

I will remain available to provide treatment to you on an emergency basis only should a genuine dental emergency arise for a period of thirty days from the date of this letter.

At the present time, you have an unpaid balance for treatment rendered on your behalf of \$ **XXXX**. I have enclosed a copy of your billing statement.

Either:

- **In accordance with our office policies, we expect payment to be made in full on or before DATE.**

or

- **I am waiving this balance at this time.**

If you notify me in writing that I can release copies of your dental records to you or your new dentist, I will do so free of charge. I wish you all the best with your new dentist.

Very truly yours,

Dentist's Name, DDS