

SAMPLE LETTER

DENTIST DISCONTINUING PRACTICE

Dear Patient Name:

Please be advised that due to _____ (my retirement, health reasons, etc.)
I am discontinuing the practice of dentistry on _____ (Date) _____, 20____. I shall not be able to
attend to you professionally after that date.

Please be advised of your need for continued care. I suggest that you arrange to place yourself
under the care of another dentist. If you are not acquainted with another dentist, I suggest that
you contact the _____ (your district) _____ Dental Society. The telephone number
is (____) _____ - _____.

I shall make my records of your case available to the dentist you designate below. Since your
records are confidential, I shall require your written authorization to make them available to
another dentist. For this reason, I am including at the end of this letter an authorization form.
Please complete this form and return it to me.

I am sorry that I cannot continue as your dentist. I extend to you my best wishes for your future
health and happiness.

Sincerely,

_____, D.D.S.

AUTHORIZATION TO TRANSFER RECORDS

Date: _____

To: _____, D.D.S.

I hereby authorize you to transfer or make available to _____, D.D.S.,

_____, all the records and reports relating to my dental
(address)
treatment.

Signed: _____