PREMIERE DENTAL

Patient name: _____ Date: _____

Address: _____
(Address, City, State, Zip code)

Dear _____,

Thank you for selecting Premiere Dental as your dental care provider. It has become apparent because of a breakdown in our doctor-patient relationship, which is necessary for optimal care; your dental needs would be better met elsewhere.

This letter is to inform you that as of the date of this letter, I (we) will no longer be able to provide you with your dental care and treatment. Should an emergency arise within the next 30 days, I (we) will be available to you during our regular office hours. Dental conditions tend to worsen with time if they are not addressed. Therefore, I recommend you seek another dental care provider as soon as possible. Both the local and state dental associations can assist you with recommending a new dental care provider.

My office will be happy to forward your records to your new dental care provider upon receipt of a written release. Your new provider can help you with this release. Any outstanding balance owed on your account will be written off as a courtesy.

I appreciate the opportunity to have been of service to you as your dental care provider and wish you the best of luck moving forward.

Sincerely,

Doctor Name: _____ Doctor Signature: _____ Date: _____