

TERMINATING A PATIENT - SAMPLE LETTER

On Dentist Stationery - Mail Registered/Certified with Return Receipt Requested

Dear :

Effective (DATE), I will no longer be able to treat you as a patient in my practice, and the dentist/patient relationship between us will be terminated. I am terminating our dentist/patient relationship because (State reason in an objective, non-inflammatory manner such as: "it has become clear that the trust and confidence required in a dentist/patient relationship is no longer present between us and it would, therefore, be in your best interest to obtain dental care from another dentist" OR "you have refused to meet your financial obligations to me for the services I have rendered." etc). I will remain available to you for the next 30 days to provide treatment to you on an emergency basis should a genuine dental emergency arise.

You may contact the Third District Dental Society at 518-782-1428 for the names of dentists in your area to whom you may go for dental care. I will release copies of your records to your new dentist at no charge, as soon as you notify me in writing your release of information.

With respect to the balance you owe me for the dental service I have provided to you (Insert what you expect to be done with the balance owed you, such as: "I expect that you will pay the full balance within (Insert time period)" OR " I am canceling that balance and you do not owe me anything further." etc).

I wish you all the best with your new dentist.

Very truly yours,

_____ Signed by Dentist

_____ Date