

head>

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Dental Care

Dear [Patient Name],

Please be advised that [Clinic Name] will no longer be able to provide dental services to you as of [Date - typically 30 days from letter date].

This decision has been made because we have been unable to obtain your informed consent for the necessary dental treatment recommended for your oral health. Without your consent to follow the required clinical protocols and treatment plans, we cannot provide care that meets our professional standards or ensures your safety.

Until [Date], we will remain available only for emergency dental treatment to allow you time to find a new dentist. We recommend that you secure a new provider as soon as possible to avoid any interruptions in your care. You may contact your insurance provider or the local dental society for a list of practitioners in your area.

Upon receiving your written authorization, we will transfer a copy of your dental records and X-rays to your new dentist to ensure a smooth transition.

Thank you for your understanding.

Sincerely,

[Dentist Name / Clinic Manager]

[Clinic Name]