

[Attorney Name/Law Firm Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Dental Board Name]  
[Attn: Legal Department / Investigator Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**Re: Letter of Representation and Response to Subpoena**

**Licensee:** [Dentist Full Name]  
**License Number:** [License Number]  
**Case/Matter Number:** [Reference Number]  
**Subpoena Date:** [Date of Subpoena]

To Whom It May Concern,

Please be advised that this office represents [Dentist Name] regarding the subpoena issued by the [Dental Board Name] dated [Date of Subpoena].

From this point forward, please direct all future correspondence, inquiries, and legal service related to this matter directly to my attention at the address listed above. My client has been instructed not to communicate directly with Board investigators or staff without legal counsel present.

We are currently in the process of reviewing the request for records and/or testimony. [Option A: Enclosed please find the documents requested in the subpoena.] [Option B: We respectfully request an extension of time until [Date] to compile the responsive records and ensure compliance with patient privacy regulations.]

If you have any questions or require further information, please contact me directly.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]  
[Law Firm Name]