\_\_\_\_\_ (Date)

\_\_\_\_\_ (Patient’s Name)

\_\_\_\_\_ (Patient’s Address)

\_\_\_\_\_ (City/State/Zip)

Dear \_\_\_\_\_ (Patient’s Name),

A healthy doctor-patient association is based upon mutual trust, respect and understanding.  It seems recent events and current circumstances preclude us from moving forward in that manner and now is the appropriate time to terminate our relationship.

You should know several things about your oral condition. There presently is no surgical work pending. If you have a concern or emergency situation with any of the surgical care previously provided in this office within the next thirty (30) days, please contact us and we will try to accommodate you. After that time, you should seek treatment elsewhere. If you’ve moved out of the area, you should select a dentist and/or oral surgeon soon to avoid delay in case care is required for a new condition.  If you or your new provider want copies of your surgical records, please send us a written release and we will be happy to forward them as appropriate.

Best regards,

Dr. \_\_\_\_\_ (Doctor’s Name)

\_\_\_\_\_ (Practice Name)