

Dental Patient Dismissal Letter

[Your Name]

[Your Address]

[City, State, ZIP]

[Email Address]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP]

Dear [Patient's Name],

I hope this letter finds you well. We appreciate the trust you have placed in our dental practice for your oral healthcare needs. We have enjoyed serving you and assisting you in achieving optimal dental health. However, after careful consideration and review of our professional relationship, we regret to inform you that we will no longer be able to provide dental care to you.

This decision was not made lightly and is based on the following reasons:

1. [Specify reason for dismissal - e.g., repeated missed appointments, failure to follow recommended treatment plans, disruptive behavior, non-compliance with payment arrangements, etc.]

2. [If applicable, provide additional reasons.]

It is essential for both patients and providers to maintain a respectful and cooperative relationship to ensure the best possible dental care outcomes. Unfortunately, the aforementioned issues have created challenges in delivering the level of care that you deserve and that we strive to provide to all our patients.

Please understand that this decision was made after careful consideration and is in the best interest of both parties. We believe that finding a dental provider whose philosophy aligns with your needs

will ultimately lead to better outcomes for your oral health.

We recommend that you seek a new dental provider as soon as possible to continue your dental care. If you require your dental records to be transferred to your new provider, please contact our office at [Your Phone Number] or [Your Email Address], and we will be happy to assist you with the necessary arrangements.

We wish you all the best in your future oral health journey and sincerely hope that you find a dental provider who can meet your needs effectively.

Thank you for the opportunity to have served you in the past.

Sincerely,

[Your Name]

[Your Title]

[Your Dental Practice Name]

[Your Dental Practice Address]

[City, State, ZIP]

[Email Address]

[Phone Number]