Formal dismissal for non-compliance

Subject: Termination of Dental Care

Dear [Patientâ€™s Name],

After careful consideration, this letter serves as formal notice that our office will no longer be able to provide you with dental care services effective [Date]. This decision has been made due to repeated missed appointments and non-compliance with treatment recommendations, which have prevented us from providing you with safe and effective care.

We will provide emergency care for you for the next 30 days to allow sufficient time for you to secure a new dental provider. Enclosed with this letter is a copy of your treatment history, and we will gladly forward your records to your new provider upon receiving a signed release form.

We wish you the best in continuing your dental care and encourage you to maintain consistent follow-up with another provider.

Sincerely,

[Dentistâ€™s Name]

[Dental Practice Name]