

Dismissal due to dentist moving practice

Subject: Notice of Practice Relocation and Patient Dismissal

Dear [Patient's Name],

We are writing to notify you that as of [Date], our dental practice will be relocating to [New Location]. As this location may no longer be convenient for you, we must formally conclude our dentist-patient relationship.

We are happy to provide referrals to dentists within your area to ensure a smooth transition. Your records will be forwarded to your new provider upon request and signed authorization.

It has been a pleasure caring for your dental needs, and we wish you the best in continuing your oral health care.

Warm regards,

[Dentist's Name]

[Dental Practice Name]

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