

Dismissal for frequent no-shows

Subject: Termination of Dental Services Due to Missed Appointments

Dear [Patient's Name],

This letter serves as notice that we will no longer be able to provide dental care services for you after [Date]. The decision was made due to repeated missed appointments without prior notice, which has disrupted our ability to serve other patients in need.

We will remain available for emergency care for the next 30 days. You are encouraged to seek another dentist for ongoing care. A copy of your dental records will be provided upon receipt of your signed release.

Thank you for your understanding, and we wish you well with your future dental provider.

Sincerely,

[Dentist's Name]

[Dental Practice Name]

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