

FOLLOW UP LETTER AFTER MISSED APPOINTMENT

Dear _____:

Your follow-up appointment with Dr. _____ was not kept. We notified you by telephone on _____ of your missed appointment. Failure to continue under a dentist's care may jeopardize your health. Since your condition requires continued medical attention, we advise you to call the office at _____ to reschedule an appointment within two weeks from the date of this letter. If we do not hear from you by that date, we will assume that you have discharged us from your care and treatment.

If you have decided to place yourself under the care of another dentist, we shall make our records available to that dentist upon receipt of a written authorization from you.

Please contact our office at your earliest convenience.

Very truly yours,

_____,D.D.S.

AUTHORIZATION TO TRANSFER RECORDS

Date: _____

To: _____, D.D.S.

I hereby authorize you to transfer or make available to _____, D.D.S.,
_____, all the records and reports relating to my care.

(address)

Signed: _____