

LETTER OF WITHDRAWAL FROM CARE

Dear _____:

I find it necessary to inform you that as of _____, I will no longer be able to provide (you/your child/children) with dental care because (you/your child/children)

_____.
This has made it extremely difficult for me to provide you with the medical care you deserve.

Since (your) condition requires continued medical attention, I suggest that you place (yourself) under the care of another dentist without delay. The above termination date should give you ample time to select another dentist of your choice from the many competent practitioners in this area. If you are not acquainted with another dentist, I suggest that you call other practitioners in your area. Should an emergency arise before the termination date indicated above, you may contact me for dental treatment.

I will make my records of (you/your child/children's) care available to the dentist you designate. (You/your child/children's) records are confidential, so I will require your written authorization to release these records to another dentist. An authorization form is included at the end of this letter for your convenience. Please complete the form and return it to me.

I am sorry that I cannot continue as your dentist. I extend to you my best wishes for your future health and happiness.

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: _____