

**WITHDRAWAL FROM CARE
NON-COMPLIANT PATIENT**

Dear _____:

I find it necessary to inform you that I am withdrawing from any further professional attendance upon you because you have persisted in refusing to follow my dental advice and treatment. Since your condition may require dental treatment in the future, I suggest that you place yourself under the care of another dentist without delay. If you so desire, I shall be available to attend to you for a reasonable time after you have received this letter, but in no event for more than 30 days from the date of this letter for emergencies only.

This should give you ample time to select a dentist of your choice from the many competent practitioners in this area. With your written approval, I will make available to this dentist, your case history and information regarding the diagnosis and treatment which you have received from me. An authorization form for release of your records is included at the end of this letter for your 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: _____