

**LETTER TO CONFIRM DISCHARGE BY PATIENT**

Dear \_\_\_\_\_:

This will confirm our telephone conversation of \_\_\_\_\_ in which you discharged me from treating your dental needs. In my opinion, your condition requires continued treatment by a dentist. If you have not already done so, I suggest that you consult with another dentist without delay.

I will make my records available to the dentist you designate. Since the records of your case are confidential, I shall require your written authorization to make them available to another dentist. For this reason, I am including an authorization form at the end of this letter. Please complete the form and return it to me.

I am sorry that you do not wish me to 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: \_\_\_\_\_