Sample Patient Letter (closing a practice)

Dear Patient:

This is to advise you that as a result of ____ (my retirement, health, unforeseen events) _____, I will be discontinuing the practice of dentistry on _____. I will not be able to attend to you professionally after that date.

It has been a pleasure to serve as your dentist. Please be aware that you need continued care and should find a new dentist as soon as possible. If you are in need of the name of another dentist, you may contact the _____Dental Society at (___) ___-____.

I shall make copies of your records available to you or the dentist you designate. Since your records are confidential, I require your written authorization (see enclosed). As required by law, I will maintain your original records.

Thank you again for your confidence and trust in me as your oral health care provider. I wish you continued health.

Sincerely,
_____, D.D.S./D.M.D.

Sample Records Release Form

Authorization for Release of Information

I (the undersigned) authorize_____(Provider/Facility name)

to release the information described below to the extent allowable by law from the record(s)

of:_____

Patient Name:_____
(Last) (First) (Middle)

Date of Birth: _____SS#: _____

Covering the period(s) of treatment:

From:_____ to: _____

2. The following is a description of the information to be released:

_____

3. Purpose of disclosure:_____

4. I understand this consent may be revoked in writing at any time. With the exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 90 days from the date of signing.

5. A photocopy of this authorization is to be considered as valid as the original.

6. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

SIGNATURE: _____

DATE: _____
Patient or personal/legal representative (Next-of-kin or legal guardian to sign only if patient is a minor, legally incompetent, or deceased)

PRINT NAME: _____

Relationship to patient of personal/legal representative signing for patient: _____

Sample Patient Letter (Sale)

Dear Patient:

It has been a pleasure to serve as your dentist. Due to _____(give reason, if possible) _____, I will be discontinuing the practice of dentistry on _____.

Although I will not be able to attend to you professionally after that date, I have agreed to sell my practice to Dr. _____. Dr. _____ is a __ (year) __ graduate of _____ and (give any relevant background).

Of course you may choose to have copies of your records sent to another dentist, but if we do not receive a written authorization to transfer copies of your records within thirty (30) days of this letter, Dr. _____ will be the custodian of your records. He will treat patients in the same office location.

Thank you again for your confidence and trust in me as your oral health care provider. I wish you continued health.

Sincerely,
_____, D.D.S./D.M.D.