

## SAMPLE LETTER

### DENTIST DISCONTINUING PRACTICE

Dear Patient Name:

Please be advised that due to \_\_\_\_\_ (my retirement, health reasons, etc.)  
I am discontinuing the practice of dentistry on \_\_\_\_\_ (Date) \_\_\_\_\_, 20\_\_\_\_. I shall not be able to  
attend to you professionally after that date.

Please be advised of your need for continued care. I suggest that you arrange to place yourself  
under the care of another dentist. If you are not acquainted with another dentist, I suggest that  
you contact the \_\_\_\_\_ (your district) \_\_\_\_\_ Dental Society. The telephone number  
is (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_.

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

Sincerely,

\_\_\_\_\_, 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 dental  
(address)  
treatment.

Signed: \_\_\_\_\_