

Dismissal Letter to Patient (Missed Appointments)

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YOUR PRACTICE NAME (on practice letterhead)

Date, 20_____

Dear _____ (patient):

This letter is to inform you that I am withdrawing from further professional responsibility regarding your dental care. As of the date of this letter, you have failed to keep more than four appointments reserved exclusively for you. Missed appointments impede our ability to offer exceptional dental care to our patients.

However, in the event of a dental emergency during the next thirty (30) days, you may be seen in this office on an emergency basis only. This thirty (30) day period should provide you with ample time to arrange for dental care in another practice.

You may contact the state dental society for a referral to a new dental care provider. Upon the receipt of a signed request, we will be happy to forward your dental records to the provider of your choice.

Sincerely,

Jason Arnold, DDS