

## Sample Letter -- Retiring Dentist

Dear [*Patient Name*]:

Please be advised that due to my retirement I am discontinuing the practice of dentistry on [*date*]. 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 [*include name(s) and phone number(s) of other dentist(s) to whom you might refer the patient*] or the \_\_\_\_\_ Dental Society {*list number*}.

I will make my records of your case available to the dentist you designate below. Since your records are confidential, I must 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 the form and return it to me.

I extend to you my best wishes for your future health and happiness.

Very truly yours,

[*Name*]

## Authorization to Transfer Records

Date:

To: \_\_\_\_\_, D.D.S.

I hereby authorize you to transfer or make available to [*New dentist's name, address*] all the records and reports relating to my dental treatment.

Signed: [*Patient name*]