

## Draft Template Dismissal Letter (Breakdown in the Relationship)

This template dismissal letter is for general informational purposes and does not constitute legal advice. Dentists using this letter are expected to customize it to suit their circumstances and their patient's needs. Dentists who are ending the dentist-patient relationship must ensure compliance with relevant RCDSO guidance such as the *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice and the [Foundations of Professionalism](#), as well as any applicable laws and regulations including the [Professional Misconduct Regulation](#) made under the *Dentistry Act, 1991*, and the Ontario [Human Rights Code](#).

[Dentist Name]

[Practice Address]

[Date]

[Patient Name and Address]

Dear [Patient Name],

I am writing to let you know that I will no longer be able to continue providing dental care for you. Our dentist-patient relationship will come to an end on **[month, day, year]**.

My goal is always to provide you with safe and effective care. However, due to *[as an example: the breakdown in our dentist-patient relationship]*, I can no longer provide you with this care.

*[If applicable, inform the patient if they may seek care from any other oral health care professionals who work where you practice]*

Based on my assessment, these are your time-sensitive dental care needs that should be treated without delay:

- *[List any time-sensitive treatment needs]*
- *[Offer to provide or refer the patient for completion of any time-sensitive treatment needs that are also **temporary** and **already underway**]*
- *[For active, multi-phase or long-term treatment, such as orthodontic treatment, list any needs for interim care to maintain the patient's condition until they transition to a new dentist, and whether the patient must find another dentist to provide this interim care]*

*[If applicable, explain when the patient should follow-up with a new dentist for further care, including non-urgent care]*

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### Next steps for your care

Your original dental records will remain with [*as an example: the practice, or the practice owner*]. You can request a copy of your records or ask us to transfer a copy of them to another dentist with your written consent [*explain how the patient can request records, for example: by e-mailing or calling the practice*].

If you need emergency dental care while you are looking for a new dentist [*provide instructions and any time limits, if applicable*].

### Finding a new dentist

[*The information below is provided as an example and may not be appropriate for your patient's clinical needs and personal circumstances*]

To find a new dentist, you may wish to seek recommendations from family or friends, or contact a local dental clinic to see if they are accepting new patients. You may also use online search tools.

Some search tools that you may use are provided below. While they do not identify whether a dentist is accepting new patients, they can provide you with names and contact information for dentists near you:

- The Royal College of Dental Surgeons of Ontario's 'Low-cost and specialized dental clinics' search tool: <https://www.rcdso.org/en-ca/standards-guidelines-resources/access-to-care/clinics-location>
- The Royal College of Dental Surgeons of Ontario's 'Find a Dentist' search tool: <https://www.rcdso.org/en-ca/find-a-dentist> (requires one or more search criteria such as a practice name, address, or phone number).
- Ontario Dental Association's 'Find an ODA Dentist' search tool: <https://www.oda.ca/find-a-dentist/>.

Sincerely,  
[Dentist Name]