

Request for Exemption from Dental Procedures

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Dental Office/Institution Name]

[Office Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an exemption from the dental procedures scheduled for [insert date or description of procedures]. Due to [insert reason - e.g., medical condition, personal circumstances], I believe that proceeding with these dental treatments may not be in my best interest at this time.

I understand the importance of maintaining dental health and am willing to discuss alternative options or rescheduling these procedures at a later date, should that be possible.

Thank you for considering my request. I look forward to your understanding and am happy to provide any further information necessary to assist in this matter.

Sincerely,

[Your Name]