Office Letterhead

Date:

Dear _____,

At your last visit, Dr. _____ diagnosed dental treatment for you. Your dental health is our concern, and our goal is to provide you with the highest quality dental care. If you have any questions or concerns about your treatment and insurance coverage, please call or email our office. Dr. _____ would be happy to review everything with you.

Please call me at your earliest convenience to schedule an appointment or to answer any other questions that you may have. I look forward to speaking to you soon.

Warmest regards,

Staff Name

Doctor Name

Email address: