

[Your Dental Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Action Required: Your Dental Treatment is Overdue

Dear [Patient Name],

Our records indicate that you are currently overdue for necessary dental services. Specifically, we have noted the following outstanding item(s):

- [Service Name: e.g., Routine Cleaning/Examination]
- [Service Name: e.g., Follow-up Treatment for Filling]

Regular dental care is essential to preventing more serious health issues and costly procedures in the future. We want to ensure your oral health remains in excellent condition.

Please take action by performing one of the following:

1. Call our office at [Phone Number] to schedule your appointment.
2. Visit our website at [Website URL] to book online.
3. Reply to this letter if you believe you have received this in error or have already scheduled elsewhere.

We look forward to seeing you soon and helping you maintain a healthy smile.

Sincerely,

[Staff Name/Doctor Name]
[Your Dental Practice Name]