[Lending Institution Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Applicant Name]
[Clinic Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Financing Approval - Loan Number: [Loan Number]

Dear [Applicant Name],

We are pleased to inform you that your application for commercial financing regarding [Clinic Name] has been formally approved. This funding is intended for [Purpose: e.g., practice acquisition, equipment purchase, or facility expansion].

The approved financing terms are summarized below:

- **Total Loan Amount:** $[Amount]
- **Interest Rate:** [Rate]%
- **Loan Term:** [Number of Months/Years]
- **Repayment Schedule:** [Monthly/Quarterly]
- **Collateral:** [Description of Assets]

This approval is subject to the satisfaction of the following conditions prior to closing:

1. Execution of all final legal and loan documentation.
2. Verification of current business insurance coverage.
3. [Additional Condition, if applicable].

Please review the attached commitment letter for a detailed breakdown of all terms and conditions. To proceed, kindly sign and return the document by [Expiry Date].

Congratulations on this milestone for your dental practice. We look forward to supporting your professional growth.

Sincerely,

[Signature Field]
[Officer Name]
[Title]
[Lending Institution Name]