[Date]

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

**Subject: Conditional Approval of Dental Financing**

Dear [Patient Name],

We are pleased to inform you that your application for dental financing has been conditionally approved for the amount of $[Amount].

This approval is subject to the completion of the following requirements:

- Verification of current employment and income (recent pay stubs).
- A signed copy of the Dental Treatment Plan provided by [Clinic Name].
- Completion of the final Loan Agreement and Disclosure Statement.
- [Additional Condition, if applicable]

**Financing Details:**

- **Total Approved Amount:** $[Amount]
- **Estimated Monthly Payment:** $[Amount]
- **Interest Rate:** [Percentage]%
- **Term Length:** [Number] Months

Please note that this conditional approval is valid until [Expiration Date]. If the requested documentation is not received by this date, a new application may be required.

To finalize your financing and schedule your procedure, please contact our office at [Phone Number] or visit us at [Office Address].

We look forward to helping you achieve your dental health goals.

Sincerely,

[Name of Representative]
[Title]
[Dental Practice/Financing Company Name]