[Date]

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

Subject: Financing Approval for Your Cosmetic Dental Treatment

Dear [Patient Name],

We are pleased to inform you that your application for dental financing has been approved for your upcoming cosmetic procedure, [Name of Procedure].

Financing Details:

- **Total Approved Amount:** $[Amount]
- **Down Payment Required:** $[Amount]
- **Monthly Payment:** $[Amount]
- **Repayment Term:** [Number] Months
- **Interest Rate (APR):** [Percentage]%

Your approval is valid until [Expiration Date]. To finalize your treatment plan and schedule your first appointment, please sign the attached agreement and return it to our office.

We look forward to helping you achieve the smile you desire. If you have any questions regarding your payment plan, please contact our billing department at [Phone Number].

Sincerely,

[Name of Practice Representative]
[Title]
[Dental Practice Name]