[Lender Name]
[Lender Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Practitioner Name]
[Practice Name]
[Practice Address]
[City, State, Zip Code]

**Subject: Approval of Dental Equipment Financing**

Dear [Practitioner Name],

We are pleased to inform you that your application for dental equipment financing has been approved for [Practice Name].

The approved financing details are as follows:

- **Total Financing Amount:** $[Amount]
- **Interest Rate:** [Rate]%
- **Term Length:** [Number] Months
- **Monthly Payment:** $[Amount]
- **Equipment Description:** [List of Equipment]

This approval is subject to the following conditions:

1. Verification of final equipment invoice from the vendor.
2. Signed execution of the formal Loan/Lease Agreement.
3. Proof of insurance for the financed equipment.

Please review the attached documents and return the signed copies by [Date] to lock in the current interest rate. Once received, we will coordinate the disbursement of funds directly to your equipment supplier.

Congratulations on the growth of your practice. We look forward to supporting your professional success.

Sincerely,

[Sender Name]
[Title]
[Lender Name]