[Date]

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

Subject: Approval of Credit Financing for Dental Surgery

Dear [Patient Name],

We are pleased to inform you that your application for credit financing regarding your upcoming dental surgery has been approved.

Financing Details:

- **Total Approved Amount:** $[Amount]
- **Procedure:** [Type of Surgery]
- **Interest Rate:** [Percentage]%
- **Repayment Term:** [Number] months
- **Monthly Payment:** $[Amount]

The first payment will be due on [Date]. Please review the attached loan agreement for the full terms and conditions. To finalize the financing, you must sign and return the agreement by [Deadline Date].

Once the paperwork is processed, our office will contact you to confirm your surgery date and time.

If you have any questions regarding your payment plan, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Name of Financial Officer/Office Manager]
[Practice Name]
[Phone Number]