[Date]

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

Subject: Notice of Financing Approval for Emergency Dental Services

Dear [Patient Name],

We are pleased to inform you that your application for emergency dental care financing has been approved through [Financing Provider/Clinic Name].

Approved Financing Details:

- **Approval Amount:** $[Amount]
- **Financing Plan:** [Plan Name/Type]
- **Interest Rate:** [Percentage]%
- **Monthly Payment:** $[Amount]
- **Term Length:** [Number] Months

This funding is specifically designated for the following emergency procedures: [List Procedures, e.g., Root Canal, Extraction].

To proceed with your urgent treatment, please contact our office at [Phone Number] to schedule your appointment. You will be required to sign the final loan documents at the time of your visit.

If you have any questions regarding these terms, please contact our billing department at [Email/Phone].

Sincerely,

[Name of Representative]
[Title]
[Dental Clinic Name]