[Date]

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

Subject: Final Approval of Dental Financing

Dear [Patient Name],

We are pleased to inform you that your application for dental financing has been officially approved for your upcoming treatment plan.

Financing Details:

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

This approval is based on the treatment plan discussed on [Date]. Please note that any changes to the clinical procedure may require an adjustment to the financing terms.

To finalize this agreement and schedule your appointment, please sign the attached loan documents and return them to our office by [Deadline Date].

If you have any questions regarding your payment schedule or the terms of this agreement, please contact our financial coordinator at [Phone Number].

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

Sincerely,

[Authorized Signature]
[Name of Financial Coordinator/Office Manager]
[Practice Name]