[Date]

[Primary Applicant Name]
[Joint Applicant Name]
[Address]
[City, State, Zip Code]

Re: Approval of Joint Dental Financing Application

Dear [Primary Applicant Name] and [Joint Applicant Name],

We are pleased to inform you that your joint application for dental financing has been approved for the following procedure(s): [Name of Dental Treatment/Procedure].

Financing Details:

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

This approval is based on the information provided in your joint application. Both applicants are equally responsible for the repayment of this financing according to the terms of the signed credit agreement.

To finalize your financing and schedule your appointment, please contact our office at [Phone Number] or visit us to sign the final loan documents. This offer is valid until [Expiration Date].

Thank you for choosing [Dental Practice Name] for your oral healthcare needs. We look forward to seeing you soon.

Sincerely,

[Name of Financial Coordinator/Manager]
[Dental Practice Name]
[Phone Number]