[Date]

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

Dear [Patient Name],

We are pleased to inform you that your application for dental procedure financing has been approved for your upcoming treatment: [Name of Procedure].

Financing Details:

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

To finalize this agreement and schedule your appointment, please visit our office to sign the formal loan documents by [Date]. Remember to bring a valid photo ID at the time of signing.

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

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

Sincerely,

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