Date: [Date]

Patient Name: [Patient Full Name]
Patient Address: [Patient Street Address, City, State, Zip Code]

Subject: Notification of Dental Financing Pre-Approval

Dear [Patient Name],

We are pleased to inform you that you have been pre-approved for dental financing through [Name of Financing Provider/Practice Name] for your upcoming dental treatments.

Pre-Approval Details:

- **Approved Financing Amount:** up to $[Amount]
- **Expiration Date:** [Date]
- **Estimated Monthly Payment:** $[Amount] (Subject to final terms)

This pre-approval allows you to move forward with your recommended treatment plan, including [Name of Procedure/Treatment], with the convenience of manageable monthly payments. Please note that this offer is based on the information provided and is subject to final verification of your credit and identity at the time of the procedure.

To finalize your financing and schedule your appointment, please contact our financial coordinator at [Phone Number] or visit our office.

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

Sincerely,

[Sender Name]
[Title/Position]
[Dental Practice Name]
[Phone Number]