

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notification of Financing Approval

Dear [Patient Name],

We are pleased to inform you that your application for dental financing has been approved for your upcoming treatment plan at [Dental Practice Name].

Financing Details:

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

This approval is valid until [Expiration Date]. To finalize your financing and schedule your procedure, please sign the attached credit agreement and return it to our office.

Our team is available to answer any questions you may have regarding your payment schedule or the next steps in your clinical care. Please contact us at [Phone Number] or [Email Address].

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

Sincerely,

[Sender Name]

[Title]

[Dental Practice Name]