

[Your Dental Practice Name]  
[Address]  
[Phone Number]  
[Email]

[Date]

[Patient Name]  
[Patient Address]

**Subject: SECOND REMINDER: Outstanding Dental Treatment for [Patient Name]**

Dear [Patient Name],

We are contacting you again regarding the dental treatment plan discussed during your visit on [Date of Consultation]. Our records show that the following procedures have not yet been scheduled or completed:

[List of Outstanding Procedures]

As mentioned in our previous correspondence, delay in treatment can lead to increased discomfort, more complex dental issues, and higher costs in the long term. Our primary goal is to help you maintain your oral health and prevent further complications.

If you have already scheduled this appointment or have completed this treatment elsewhere, please disregard this notice so we can update our records.

Please contact our office at [Phone Number] at your earliest convenience to book your appointment. Our team is available to answer any questions you may have regarding your treatment plan or insurance coverage.

We look forward to hearing from you soon.

Sincerely,

[Doctor Name/Office Manager Name]  
[Your Dental Practice Name]