Mid-Treatment Letter for a Complicated Case

Date

Patient Street Address City, State Zip

Dear Patient:

Congratulations! You are mid-way through your dental treatment. You certainly have been doing a great job and treatment is almost completed. As we have indicated at various times throughout treatment, our primary purpose is to help you achieve optimum dental health. Keep brushing, flossing and *treatment*.

You have been very cooperative and we appreciate your commitment to yourself and to this treatment. At the rate we're going, all procedures should be completed by *date*. If you have any questions before your next appointment, please give us a call at *office number*. Keep up the good work!

Cordially,

Dentist and Team

Interrupted Treatment

Date

Patient Street Address City, State Zip

Dear Patient:

We've missed you since your last dental visit with us in *month* and we are concerned. Our staff has tried to contact you on X different occasions but we haven't been able to reach you. We realize that life can become chaotic at times, but our commitment to restoring your mouth to a healthy condition is important to us.

If you contact us for an appointment, we will be able to complete your treatment as quickly as possible. If you wait much longer, your condition could deteriorate, requiring more expensive treatment.

Quite simply, an investment in dentistry now will save you both money and discomfort in the long run. Please know that if you have discontinued treatment due to financial concerns, our caring staff can work with you on a payment plan that will allow you to continue the treatment you need.

We are interested in helping you keep your teeth for a lifetime. Please give us a call at *office number* to continue your treatment. We hope to see you soon!

Cordially,

Pre-Medication

Date

Patient Street Address City, State Zip

Dear Patient:

As we discussed at your last visit, we are going to *describe treatment* for you on *date*.

Though this is generally a safe and common procedure, patients with certain medical conditions or histories sometimes require antibiotic therapy in conjunction with dental treatment. This is done to help guard against the possibility of infection or other complications.

During our initial conversation about your upcoming treatment, I recommended that you begin **preventive** antibiotic therapy prior to *describe treatment*. This recommendation is based on *medical reason*.

Since we last spoke, you may have developed some additional questions about the treatment recommendations that we discussed. For this reason, I would like for us to speak again before your scheduled appointment. I just want to make sure we address all of your questions or concerns prior to treatment. In addition, I would be happy to discuss this information with your personal physician if you wish.

A member of my staff will contact you to schedule a time when we can discuss this treatment. We can call in the prescription for the antibiotics to your preferred pharmacy prior to treatment.

Thank you for your cooperation, and I look forward to speaking with you soon!

Sincerely.

X-ray Safety

Date

Patient Street Address City, State Zip

Dear Patient:

We are committed to having you as a valued patient in our practice. We welcome your concerns, encourage your questions and strive to keep you informed about dental care.

Through my discussions with patients, a few have relayed their concerns about dental x-rays. Are x-rays necessary? Are they safe? I would like to address some of these concerns and share this information with you.

Necessity. Dental x-rays are necessary for accurate diagnosis of many dental conditions. They allow dentists to detect decay and diseases of the mouth, bone, face and jaw that may not be visible during an oral examination. Because x-rays help us detect dental conditions early, they play an important role in diagnosis, treatment and prevention of dental problems.

Safety. Modern equipment filters out unnecessary radiation and focuses the x-ray beam to the area of interest. High-speed x-ray film and lead aprons further reduce a patient's exposure. With these safeguards, the small amount of radiation from dental x-rays generally represents much less risk than an undetected and untreated dental problem.

I hope this information assures you that we take the best possible care of our patients. Please feel free to contact us at *office number* to ask us about x-rays or any other aspect of your dental treatment. Thank you again for choosing *name of dental practice!*

Cordially.

Follow-Up Letter

Date

Patient Street Address City, State Zip

Dear Patient:

Last *date,* we finished *treatment* for you. To maintain your oral health, it is important that you receive *treatment* as a follow-up to this earlier visit. The condition of your mouth can change over time. We would like to be sure your mouth is as healthy as possible.

Please give us a call at *office number* and make an appointment for a follow-up visit. In the meantime, if you have any questions, do not hesitate to call us, or log onto our website at *website address* for the latest dental tips and practice news. We look forward to hearing from you soon!

Sincerely,

Follow-Up for Emergency (1)

Date

Patient Street Address City, State Zip

Dear Patient:

While your first visit to our office was for emergency treatment, we trust that you are now more comfortable and ready to complete the treatment for your fractured tooth. As I explained to you, the tooth's fracture was quite extensive and a crown restoration will be necessary to protect the tooth. This tooth lost most of its healthy structure and is unable to support a conventional silver-colored restoration safely. Since the bone and the surrounding tissue appear to be healthy, a crown covering should keep your tooth healthy and attractive for many years.

At your last appointment, we shaped the tooth in preparation for the crown and placed a temporary crown for protection and comfort. A temporary crown is just that, temporary.

Numerous problems may result from relying on the temporary crown to protect the tooth adequately for a long period. I urge you to complete the crown in order to avoid further risk to your tooth.

Please call our office at *office number* and *receptionist name* will arrange the appointments needed to complete the crown we discussed. If you are concerned about the financial obligations, our caring staff can work with you on a payment plan for the procedure, but do not let that prevent you from getting the dental care you need.

Should you have any questions regarding the treatment, do not hesitate to call me at *office number*. I hope to see you soon!

Cordially.

Follow-Up for Emergency (2)

Date

Patient Street Address City, State Zip

Dear Patient:

Thank you for selecting us for your recent emergency dental care. We hope you are more comfortable and able to smile, talk and eat with ease and confidence.

The best way to prevent a future dental emergency is through regular dental care. If dental problems are caught early, they often can be easily corrected with great savings in terms of both money and health. For example, a regular dental examination allows us to detect and treat gum disease early, thus saving teeth that otherwise might be lost.

Quite simply, the more regular your dental visits, the more affordable and effective your dental treatment. If you do not have a personal dentist, we urge you to call us this week at *office number* for a comprehensive dental appointment.

Thank you for you confidence in us. We look forward to seeing you soon!

Cordially,

Dentist and Team

P.S. Patient service is very important to us, so we also offer an up-to-date website that offers practice news and oral health care tips for you and your family! Check it out at website address the next time you're online.

Post-Treatment (1)

Date

Patient Street Address City, State Zip

Dear Patient:

Thank you for being such a cooperative patient during treatment. It was a pleasure serving you!

Now that we have restored your mouth to a healthy condition, we'd like to help you keep it that way. Our practice's mission is to teach our patients prevention techniques. Our goal is to protect your dental health and help you keep your teeth for the rest of your life.

Through proper home care and regular dental visits, you can protect your investment in oral health. We count on you to brush and floss regularly, and to inform us of any change in your dental condition or health. You can count on us to contact you in *month* for your next dental check-up. We will call to remind you of your visit or send you our continuing care postcard.

We also wanted to encourage you to log on to our practice website at *website address*. We've created a patient-focused site complete with practice news and the latest dental tips for you and your family. Also, you can reach us via e-mail at *e-mail address* if you have any non-emergency questions. We will respond within 24 hours to your question or concern.

If you have friends, neighbors or co-workers who would appreciate our caring approach to dentistry and who do not currently have a dentist, please feel free to refer them to this office at *office number*. We would be proud to welcome them to our practice on your referral. We promise to provide them with the best possible dental service.

Thanks again for choosing *name of practice*—we appreciate you!

Sincerely,

Post-Treatment (2)

Date

Patient Street Address City, State Zip

Dear Patient:

Congratulations on the completion of your dental treatment. We appreciate the confidence you have placed in us!

Now that you have regained good dental health, we hope you will enjoy the benefits: being able to eat, talk and smile with more comfort and confidence. We also hope you will make it a priority to maintain good dental health. Brushing, flossing and regular dental visits will protect your dental care investment.

We look forward to seeing you in six months for a thorough dental examination and teeth cleaning. Your next appointment is *date*. We will confirm this appointment with a post-card or reminder call in ample time before your visit. Please contact us at *office number* if you need to reschedule.

Be sure to check out our new website at *web address*—it offers the latest practice news and oral health care tips for you and your family. Again, thank you for being one of our valued patients!

Cordially,

Post-Visit (New Patient)

Date

Patient Street Address City, State Zip

Dear Patient:

I enjoyed meeting you recently, and I wanted to thank you for selecting me as your dentist! My team and I have a commitment to preventive dentistry and we look forward to helping you maintain good oral health.

I hope you enjoyed the high-tech features of our dental office, including our multiple TV screens in the waiting room and intraoral camera in the operatory that allowed you to see your teeth as we examined them.

Remember to check out our latest patient convenience—a new *name of practice* website complete with practice news and the latest tips in oral health care for you and your family. Be sure to log on at *website address* the next time you're online.

Regular dental care is the basis for preventive dentistry. Through regular check-ups and a thorough home oral hygiene program, you can look forward to lower dental costs and a lifetime of healthy smiles.

Thank you again for allowing us to provide you with the best in dental care! I look forward to seeing you at your next visit.

Sincerely,

Post-Visit (Child)

Date

Patient Street Address City, State Zip

Dear Patient:

I want to thank you for being such a good patient! Sometimes it isn't easy to be brave, but you did just fine. I'm sure your parents are proud of you, too.

It's always nice to have such a wonderful kid like you, *name*, visit our office. I look forward to seeing you again when you come in for your check-up. Until then, be sure to brush your teeth at least twice a day for a bright smile. Next time you're in you'll have to pick out a toy from our treasure chest as a reward for your great behavior!

Sincerely,