

# Letter of Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Dental Board/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the verification of credentials for [Dental Professional's Full Name], who is currently practicing at [Dental Office/Clinic Name] located at [Address].

As part of our due diligence process, we would like to confirm the professional qualifications, licenses, and any disciplinary actions associated with [Dental Professional's Last Name]. Please provide us with the following information:

- Current licensure status
- Educational background
- Any disciplinary actions taken against the professional

Your assistance in this matter is greatly appreciated. Please feel free to reach out to me at [Your Phone Number] or [Your Email] should you need any additional information to process this request.

Thank you for your attention to this matter.

Sincerely,

[Your Name]