

Orthodontic Treatment Completion Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Patient Name],

We are pleased to inform you that your orthodontic treatment has been successfully completed. We commend you on your commitment to maintaining your oral health throughout this process.

Your beautiful new smile is a result of your dedication and patience. We are excited for you to reveal your stunning results to the world!

Please remember to schedule your retention visit to ensure that your teeth remain in their new positions. If you have any questions or concerns, feel free to reach out to our office.

Thank you for choosing our practice for your orthodontic care.

Sincerely,

[Orthodontist Name]

[Practice Name]

[Contact Information]