

Orthodontic Treatment Emergency Contact Information

Date: [Insert Date]

Dear [Patient's Name or Guardian's Name],

We hope this letter finds you well. This is to inform you of the emergency contact procedures during your orthodontic treatment.

Emergency Contact Information

If you experience any discomfort, loose appliances, or emergencies related to your orthodontic treatment, please use the following contact details:

- **Orthodontist Name:** Dr. [Orthodontist's Name]
- **Office Phone:** [Office Phone Number]
- **Emergency After Hours Phone:** [Emergency Phone Number]
- **Email:** [Orthodontist's Email Address]

Our team is available to assist you and ensure that your treatment continues smoothly.

Thank you for choosing us for your orthodontic needs!

Sincerely,

[Your Orthodontic Practice Name]