

# Dental Treatment Plan Clarification

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

Thank you for choosing [Dental Practice Name] for your dental care. We appreciate the opportunity to assist you. This letter serves to clarify your dental treatment plan discussed during your last visit on [Insert Date of Visit].

## Treatment Overview

You have been diagnosed with the following conditions:

- [Condition 1]
- [Condition 2]
- [Condition 3]

## Recommended Treatment

To address these conditions, we recommend the following treatment plan:

1. [Treatment Option 1] - [Details]
2. [Treatment Option 2] - [Details]
3. [Treatment Option 3] - [Details]

## Estimated Costs

The estimated costs for the treatment options are as follows:

- [Cost for Treatment Option 1]
- [Cost for Treatment Option 2]
- [Cost for Treatment Option 3]

## Next Steps

Please review this treatment plan and feel free to reach out with any questions or concerns. You may contact us at [Insert Contact Number] or [Insert Email Address]. We look forward to your response and the opportunity to provide you with the best dental care.

Sincerely,

[Dentist Name]

[Dental Practice Name]

[Dental Practice Address]