

Dental Treatment Plan Evaluation Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Address]

Dear [Recipient's Name],

I am writing to formally request an evaluation of the dental treatment plan for my patient, [Patient's Name], who is currently under my care. The treatment plan was formulated based on the following diagnoses:

- [Diagnosis 1]
- [Diagnosis 2]
- [Diagnosis 3]

The proposed treatment plan includes:

- [Treatment 1]
- [Treatment 2]
- [Treatment 3]

We would greatly appreciate your expert evaluation of this treatment plan to ensure that it aligns with best practices and provides optimal care for the patient.

Please find attached the patient's records and notes for your reference.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]