

# Dental Treatment Plan Renewal Notice

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to remind you that your dental treatment plan is due for renewal as of [Insert Renewal Date].

To continue your treatment and ensure optimal dental health, please schedule a follow-up appointment at your earliest convenience. Our team is here to assist you with any questions or concerns you may have regarding your treatment plan.

If you would like to discuss any changes to your plan or explore new options, please do not hesitate to reach out.

Thank you for trusting us with your dental care. We look forward to seeing you soon!

Sincerely,

[Your Dental Practice Name]

[Your Contact Information]