

Dental Treatment Plan Revision Notification

Date: [Insert Date]

Patient Name: [Insert Patient's Name]

Patient Address: [Insert Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. We would like to inform you that there have been revisions made to your dental treatment plan originally discussed on [Insert Original Consultation Date].

Revised Treatment Plan Details:

- Procedure 1: [Details of Procedure 1]
- Procedure 2: [Details of Procedure 2]
- Estimated Cost: [Insert Estimated Cost]
- New Appointment Date: [Insert New Appointment Date]

These revisions have been made to ensure the best outcome for your dental health. Please review the updated plan and feel free to reach out with any questions or concerns you may have.

Thank you for your understanding and cooperation.

Sincerely,

[Your Dental Practice Name]

[Your Name]

[Your Position]

[Contact Information]