

Dental Cleaning Schedule

Date: **[Insert Date]**

Dear **[Patient's Name]**,

We are pleased to provide you with your personalized dental cleaning schedule. Regular dental cleanings are essential for maintaining optimal oral health. Please find your schedule below:

Your Personalized Schedule

- **First Appointment:** [Date & Time]
- **Second Appointment:** [Date & Time]
- **Third Appointment:** [Date & Time]

If you have any questions or need to reschedule, please don't hesitate to contact us at **[Clinic Phone Number]** or **[Clinic Email Address]**.

Thank you for trusting us with your dental care!

Sincerely,

[Your Dental Practice Name]