

Dental Loan Application Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Lender's Name]

[Lender's Company Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I hope this letter finds you well. I am writing to formally request an enhancement to my dental loan application submitted on [insert submission date]. Due to [briefly explain reason for enhancement request, e.g., additional dental procedure, increased cost], I would like to increase my loan amount from [original loan amount] to [new loan amount].

My recent consultation with [Dentist's Name or Practice Name] highlighted the importance of undergoing these necessary procedures. I believe that with your assistance, I can take the necessary steps towards achieving optimal dental health.

I appreciate your consideration of my request and would be happy to provide any further documentation or discuss this matter at your earliest convenience.

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

Sincerely,

[Your Name]