

Orthodontic Treatment Consultation Invitation

Dear [Referring Dentist's Name],

We hope this message finds you well. We would like to extend an invitation for your patients to receive a complimentary orthodontic consultation at [Your Orthodontic Practice's Name].

Our team of specialists is dedicated to providing the highest quality orthodontic care tailored to each individual's needs. During the consultation, we will assess your patient's dental structure and discuss potential treatment options.

Consultation Details:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Your Practice's Address]

Please feel free to refer your patients to our practice, as we strive to ensure they receive the best possible care during their orthodontic journey.

To schedule a consultation, patients can contact us at [Your Contact Number] or visit our website at [Your Website URL].

Thank you for entrusting us with your patients' orthodontic needs. We look forward to working together!

Sincerely,

[Your Name]

[Your Title]

[Your Orthodontic Practice's Name]

[Your Contact Information]