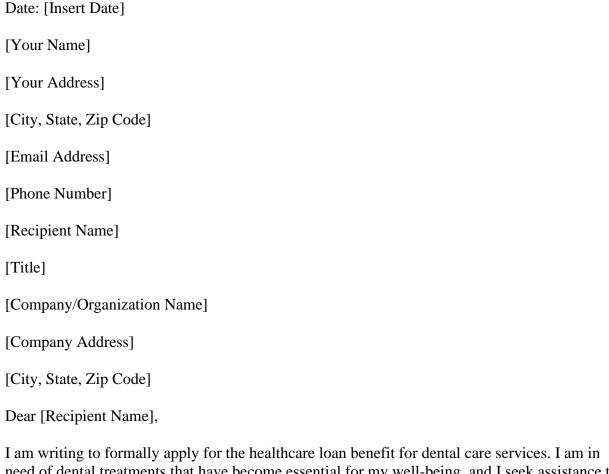
Application for Healthcare Loan Benefit for Dental Care Services



need of dental treatments that have become essential for my well-being, and I seek assistance to cover the costs associated with these services.

Specifically, I require the following services:

- [Service 1]
- [Service 2]
- [Service 3]

The total estimated cost for these services is [Total Cost]. Enclosed are the necessary supporting documents, including my proof of income, treatment estimates, and relevant medical history.

I appreciate your consideration of my application and look forward to your prompt response. Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]