



Dental Communication

Letters,
Templates
and Forms

ADA American Dental Association®
America's leading advocate for oral health

OceanofPDF.com



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Templates
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Dental
Communication
Letters, Templates and Forms

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Introduction

Using the Contents of This Book

The contents of this book are designed to be flexible. They can be adapted to the specific purposes of your dental office, whether it's sending letters to your patients or repurposing content for newsletter items or blog posts.

The content also provides examples of different types of communications that can be used by dental staff with patients, vendors, employees, other dental professionals, or the media.

As you flip through the book, think about how to change the templates to meet your audience's needs. Say you're sending a patient a note about a certain dental procedure. Put yourself in the patients' shoes and clearly state the procedure might benefit the patient. If it may save patient time and money in the future, state this within the *first three sentences* of your communication. If your communication has space constraints, such as a limited number of lines or characters, this information should be the first sentence. Also remember that people have different reading levels. Use simple language and avoid technical or scientific jargon whenever possible.

Take the time to communicate concern on an individual level and personalize your written correspondence. When sending a letter, use the person's address at the top, mention him or her by name in the salutation, and sign correspondence personally. If you don't take time to customize a communication, the individual may not take time to read it. A thoughtful, well-written letter will create a positive image for your practice, as will a personalized but concise email. This book

includes downloadable templates of many types of communications, enabling you and your staff to easily personalize them on your computer.

Adapting the Contents for Different Media Platforms

The text below announcing a new office location originally appeared as a letter. However, there is no need to limit this communication to one medium. The content can easily be adapted for social media or as a text, blog post, or newsletter item, as demonstrated below:

Letter

8/05/2021

Carol Martin
211 Main Street
Chicago IL 60611

Dear Carol:

We are pleased to announce the opening of our new dental office at 123 Main Street in Anytown, IL. You have watched our practice grow, and the new and larger facility will allow us to serve you better. It features an attractive reception area, spacious treatment rooms equipped with intraoral cameras, and the latest in dental equipment and technology.

Although we're in a new location, we haven't changed our hours, staff, policies, or our personal service to patients. When you visit our new office, you will receive the careful attention and gentle dental care you have come to expect from our practice.

Also, be sure to visit our practice website, www.sampledental.com. It will keep you up to date on the latest in practice news and oral health care tips for you and your family.

Enclosed you'll find a business card with our new address and telephone number. Please feel free to stop by for a tour. Our location may have changed, but our commitment to you, our patients, has not.

Sincerely,

Dr. Anderson and team

Text

Sample Dental has moved to 123 Main Street. Stop by to tour our new facilities! www.sampledental.com

Tweet

Sample Dental  @sampledental

Sample Dental has moved to 123 Main Street! Our location is new but our commitment to patient care is the same.

www.sampledental.com

 4

 17

 40



Facebook Post



Sample Dental

1h · 🌐



We are pleased to announce the opening of our new dental office at 123 Main Street in Anytown, IL. Our hours remain the same. You have watched our practice grow, and the new and larger facility will allow us to serve you better. Check out the pictures of our new office!

Blog Post/Newsletter Item

We've Moved!

We are pleased to announce the opening of our new dental office at 123 Main Street in Anytown, IL. You have watched our practice grow, and the new and larger facility will allow us to serve you better. It features an attractive reception area, spacious treatment rooms equipped with intraoral cameras, and the latest in dental equipment and technology.

Although we're in a new location, we haven't changed our hours, staff, policies, or our personal service to patients. When you visit our new office, you will receive the careful attention and gentle dental care you have come to expect from our practice.

Forms

This book contains a variety of template forms. They are provided to give you an idea of the types of forms you may want to consider using in your dental practice. It is important to note that these templates are to be considered sample forms. Laws may differ from state to state and it is a good idea to have your forms reviewed by an attorney familiar with the laws of your jurisdiction.

Branding Your Communications

Every communication from your practice represents you so each one should convey confidence and professionalism. It is important to customize your communications and suit them to your practice philosophy and personal style. Using a logo and a specific typeface communicates a consistent, professional image to patients and the general public.

For example, your paper stationary should be professionally designed and printed. Emails, as well as any online profiles, should also carry you practice's logo and name. When you send news releases to local newspapers or organizations, whether as hard copies or electronically, they should be sent on either your paper or digital stationary.

An Important Caveat about Emails and Faxes

The CAN-SPAM Act is a law that regulates rules for commercial email, sets conditions for commercial messages, gives recipients the right to opt out of receiving your emails, and explains penalties for violations. For more information on the CAN-SPAM Act, visit:

www.business.ftc.gov/documents/bus61-can-spam-act-compliance-guide-business

Faxes also face restrictions established by the Junk Fax Prevention Act of 2005. If you wish to communicate with customers via fax:

- You must have an established business relationship with the patient
- You must voluntarily provide your fax number or the number must be publicly available
- You must provide an opt-out number

For more information on the Junk Fax Prevention Act, visit:

www.fcc.gov/guides/fax-advertising

The requirements of the CAN-SPAM Act and the Junk Fax Prevention Act are not addressed in this book. Before sending email or faxes for commercial purposes, dental professionals are strongly urged to consult their legal counsel.

Think Before You Write—or Click “Send” or “Post”

Remember that every communication you send, whether on paper or electronically, is a reflection of your practice. If a patient has not yet visited your office, your communication may be his or her first impression. Though posting on social media may feel less formal than writing a letter, there is no excuse for sloppy grammar or spelling errors. Your computer’s spell check feature will not catch every error, so ask another person to proofread your communications before you send them.

It is also important to note the ease in which electronic communications can be posted and forwarded for the world to see and that something you post today can be accessed indefinitely. So keep your communications professional in tone, and don’t let your emotions get the best of you, even if someone has a negative opinion about something you post. Let your online reputation be an expression of your best professional self.

Notes:

Chapter 1

Welcome Letters

Welcome Letter to an Adult Patient (1)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Welcome to our practice! You have many options when it comes to dental providers, so we are pleased that you have chosen us for your dental needs. We promise to give you quality dental care in a kind and gentle manner.

On your first visit you can expect to:

- Meet our staff and tour the office
- Review your oral health and overall health history
- Have an exam of your teeth and gums, including any dental x-rays you may need
- Talk about your current dental health and concerns
- Think about the best ways to meet your oral health goals

Please bring the following things with you to your first visit:

- The enclosed *[registration form, health history form and/or dental history form]*. Please complete these forms and bring them with you. You may also view and submit these forms electronically through our website at *[web address]* where you

will also find more information about our practice, your dentist, and the dental team.

- Dental benefits plan information, such as an insurance card.
- Payment for services due. Generally, payment for our services is due at the time of the appointment. We accept assignment of benefits if you have a dental benefits plan, but your copayment must be made at the time of service.

Your time is valuable. Unless there is an emergency situation, you can expect us to be on time for you. We would appreciate if you were on time for us. If you cannot make it to your scheduled appointment, please let us know at least 24 hours in advance at [\[office number\]](#). You can also call us with any questions. We look forward to seeing you on [\[date\]](#).

Sincerely,

Dentist and Team

Enclosure

Welcome Letter to an Adult Patient (2)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Welcome to our practice! Thanks for the trust you have shown in us by choosing our office for your dental care. Your dental health is our top goal, so we keep up-to-date on new dental techniques, equipment, and research and are always working on our professional skills. More importantly, we respect our patients' feelings and encourage open communication about their dental care.

On your first visit, we will listen carefully to your dental concerns and answer all of your questions. We will examine your teeth and gums and take any x-rays you may need. Then we will discuss the best treatment to meet your oral health goals.

Enclosed you will find our health questionnaire. Please fill it out and bring it to your first visit. You may also fill out and submit the form at our website at [\[web address\]](#), where you will also find more information on the practice, your dentist and the dental team. As always, personal health information will be kept private. Please bring any information about your dental benefits plan, such as an insurance card, to your appointment. Generally, payment for our services is due at the time of the appointment. We accept assignment of benefits if you have a dental benefits plan, but your copayment must be made at the time of service.

You can email us at [\[email address\]](#) with questions or concerns, and we will do our best to respond within 24 hours Monday through Friday.

We look forward to meeting you at [\[time\]](#) on [\[date\]](#). Unless there is an emergency, you can expect us to be on time. We appreciate you being on time, too. If you need to cancel your appointment, please contact us at least 24 hours in advance at [\[office number\]](#).

Sincerely,

Dentist and Team

Enclosure

Welcome Letter to an Adult Patient (3)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Thank you for choosing me as your new dentist! I look forward to helping you and your family to keep your smiles as bright as possible.

My staff and I promise to give you quality dental care and outstanding customer service. Our goal is for you to enjoy healthy smiles and lower dental costs thanks to preventive dental care.

If you would like to know more about our practice, you can visit our website at [\[web address\]](#) for directions to our office, the latest practice news, and more information about your dentist and dental team.

If you have questions about your oral care, please don't hesitate to contact us at [\[office number\]](#). You can also email us at [\[email address\]](#) with questions or concerns, and we will do our best to respond within 24 hours Monday through Friday. Thanks again for your confidence in our dental team.

Sincerely,

Dentist

Welcome Letter to an Adult Patient (4)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

On behalf of myself and my dental team, I welcome you to our office. We are pleased that you chose us for your dental needs. We promise you quality oral health care.

During your first visit, we will examine your teeth and gums. As part of this exam, we may take x-rays and use other diagnostic protocols to help us make an accurate diagnosis of the condition of your mouth, teeth, and gums. We will then discuss your dental needs and talk about treatment options with you.

Unless there is an emergency situation, you can expect us to be on time for you. We would appreciate if you were on time for us. If you cannot make it to your scheduled appointment, please let us know at least 24 hours in advance at *[office number]*.

Enclosed you will find a health history form *[or health questionnaire]*. Please complete it and bring it with you to your first visit. You may also view and submit the form electronically through our website at *[web address]*, where you can find more information about our practice, your dentist and the dental team.

If you have a dental benefit plan, please bring this information, such as an insurance card. Generally, payment for our services is due at

the time of the appointment. We accept assignment of benefits if you have a dental benefits plan, but your copayment must be made at the time of service.

Should you have any questions, please contact us at [\[office number\]](#) or [\[email address\]](#). We look forward to a relaxed and pleasant visit with you!

Sincerely,

Dentist and Team

Enclosure

Welcome Letter to Adult for Child Patient

Date

Patient

Street Address

City, State Zip

Dear *Parent*:

We are glad to have your child as a patient. We enjoy treating children and we look forward to making the visit pleasant for you and *[child]*.

During the visit, your child will meet *[name]*, our *[position]*. *[Name]* will clean *[child]*'s teeth. I will then examine *[child]*'s mouth, teeth, and gums, and talk with both of you about the visit. We will make follow-up appointments for future care if it is needed.

Many of our parents ask how to get their child ready for their first dental visit. We suggest that you be very positive, saying that a visit to the dentist will help your child keep a bright, healthy smile and that dental visits are a part of growing up. *[Optional: The enclosed brochure from the American Dental Association will give you some helpful hints.]*

We know that as a parent you may want dental tips for your child, so feel free to visit our website at *[web address]* for kids' oral health care tips, commonly asked questions, and more information about the dentist and dental team. You can also send us non-emergency questions at *[email address]*. We do our best to respond to email within 24 hours Monday through Friday.

[Optional: Enclosed is a personal letter to [child's name] to get him/her excited about their upcoming dental visit.] We look forward to seeing you both on *[date]* at *[time]*! Thanks again for choosing us as your child's dental provider. Feel free to call us at *[office number]* with any questions.

Sincerely,

Dentist and Team

Enclosure/s

Welcome Letter to a Child Patient

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We are very excited about your visit to our dental office!

We wanted to let you know what your visit will be like. We have lots of things planned. We will show you our office and you will meet our dental team. We will also take pictures of your teeth and polish them so they will be bright and shiny. I will count your teeth and tell you some new things about your smile.

We look forward to meeting you on *[date]*. See you soon!

Sincerely,

Dentist and Team

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Chapter 2

Appointments

Appointment Reminder

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This is a reminder for your upcoming dental appointment:

Date: *[date]*

Time: *[time]*

If any of the information below has changed, please bring it to your dental checkup:

- An up-to-date list of your medications including vitamin supplements, herbal remedies, and over-the-counter pain remedies
- An up-to-date list of your medical conditions and allergies
- Information about your health care providers, including all of your doctors and their phone numbers and your previous dentist (if applicable)
- Information about your emergency contacts
- Your dental insurance or Medicaid cards

- Your dentures or partials, even if you aren't currently using them

We look forward to seeing you on *[day]*. If for any reason you cannot keep this appointment, call us at *[office number]* as soon as possible. *[If your office has a cancellation policy, insert it here]*.

Sincerely,

Dentist

Appointment Confirmation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This is to confirm your dental appointment on *[date]* at *[time]*. If you are covered by a dental benefit plan, please bring your insurance information to the appointment.

When you enter our practice, we think you'll be pleased with the measures that we've taken to help keep our patients safe. Our lobby area has been redesigned with social distancing in mind and is cleaned and disinfected frequently.

For longer procedures, feel free to bring headphones and your mobile device to listen to music if it helps you to relax.

You may also be interested to know that we recently switched from traditional x-rays that use film and chemicals to digital x-rays. You can see your x-rays instantly. Also, using no film and fewer chemicals helps the environment.

OR

Regular dental appointments are important because there is evidence that your oral health may be closely linked to your overall health, which is a great reason to keep your oral health in check.

We look forward to seeing you soon. If you have any questions prior to your visit, please visit us online at [\[web address\]](#), email us at [\[email address\]](#), or call us at [\[office number\]](#).

Sincerely,

Dentist and Team

Recall Notice (1)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It's time to make a dental appointment. We would like to schedule a date and time for your next visit. Taking care of your teeth and gums at home is important, and you also need regular dental visits to keep a healthy mouth and smile. Our records tell us that you had *[dental condition]* at your last visit. Along with a cleaning and exam, we need to follow up on this.

We look forward to seeing you. Please call our office at *[office number]* and our receptionist, *[receptionist name]*, will set up a time that works for you. You can also make an appointment online at *[web address]*.

Sincerely,

Dentist and Team

Recall Notice (2)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It is time to make your next dental appointment! As you know, regular cleanings and exams are important for good oral health. Along with cleaning your teeth, checking your gums, and taking any x-rays you may need, we will also do an oral cancer screening at your exam.

Many patients may not think of their oral health being linked to their overall health. We want you to be as healthy as possible, and look forward to hearing from you soon. Please call our office today to make your appointment at *[office phone]* or online at *[web address]*.

Sincerely,

Dentist and Team

Missed Appointment

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We missed you at your dental appointment on *[date]*.

We understand that sometimes things come up that make patients miss appointments. In the future, if you are going to miss an appointment, we would appreciate if you would call us at *[office number]* at least 24 hours before your appointment. This way we can make a new appointment for you and give your original one to another patient.

This allows us to see our patients on time and also helps us give more affordable dental care for all of our patients. Please call our office today at *[office number]* to reschedule your appointment. Thank you and we look forward to seeing you.

Sincerely,

Dentist and Team

Missed Appointment (with Late Fee)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This letter is to let you know that you missed your dental appointment on *[date]*.

At your first appointment with us, we told you about our missed appointment policy. Patients who miss appointments without giving us 24 hours' notice will be asked to pay a \$*[late fee amount]* late fee. We are enclosing a bill for this fee.

We understand that sometimes things come up that make patients miss appointments. In the future, please provide at least 24 hours' notice if you are going to miss an appointment. You can let us know by calling *[office number]* at least 24 hours before your scheduled appointment. This way we can make a new appointment for you and give your original one to another patient.

Please call our office today at *[office number]* to reschedule your appointment. Thank you and we look forward to seeing you.

Sincerely,

Dentist and Team

Enclosure: invoice for late fee

Continuing Care Reminder

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It was nice to see you last *[month of last visit]* for *[procedure]*. As we talked about, by getting continuing care every *[time frame]*, you can keep your oral health in great shape. We'd love to see you for a follow-up visit this month.

Please reserve just an hour from your schedule for a dental appointment. When we catch dental problems early, it helps us to fix them easily. We can check for gum disease, oral cancer, and the health of your entire mouth and the surrounding soft tissues. Also, we can show you how proper brushing and flossing help prevent tooth decay and gum disease. We will also clean and polish your teeth to help you smile your brightest.

Please call our office at *[office number]* so that we can make an appointment for you soon. You can also make an appointment online at *[web address]*.

We look forward to hearing from you soon.

Sincerely,

Dentist and Team

Continuing Care Past Due

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It is time again for your dental appointment. Our records tell us that you have not been in our office since *[date]*. You need regular dental visits to keep good oral health and to prevent unneeded expense. We think you'll agree that this preventive treatment will help your overall health in the long run.

During your appointment, we can check for tooth decay and gum disease in their earliest stages when they can be treated easily. We will also screen for oral cancer. We will talk about the proper ways to brush and floss. We will also professionally clean your teeth to remove stains and tartar that are hard to clean with a toothbrush. By the end of this visit, you'll be smiling your brightest.

Please call us today at *[office number]* or visit us online at *[web address]* to make an appointment. We look forward to seeing you.

Sincerely,

Dentist and Team

Reactivation of a Patient

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It has been over a year since your last dental visit. You are a valued patient and we would like to know how you are doing.

Regular dental visits play a key role in keeping good overall health. They allow us to find gum disease and other dental problems in their early stages, when they can be treated easily. Studies show that there may be a link between dental health and overall health. Regular dental visits also allow us to clean your teeth and help your smile look its best.

Please call us at *[office number]* or visit us online at *[web address]* to make an appointment. We care about your dental health, so we hope to hear from you soon.

Sincerely,

Dentist and Team

Apology for Running Late for a Patient's Appointment

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We are writing to apologize for running behind schedule on *[date]*. Your time is valuable, and we are sorry that your wait was longer than expected. Our patients are always our first priority. But sometimes emergencies happen that need our attention right away, and in these cases we appreciate your flexibility and understanding.

Please call us at *[office number]* or send us an email at *[email address]* if you have any questions or comments. You and your dental health are important to us. We thank you for choosing *[dental practice]* and for your patience.

Sincerely,

Dentist and Team

Notes:

OceanofPDF.com

Chapter 3

Treatment Letters

Mid-treatment Letter for a Complicated Case

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Congratulations! You are midway through your dental treatment. You have been doing a great job and treatment is almost over. As we have told you many times during treatment, our main goal is to help you reach your best dental health. Keep brushing, flossing, and *[describe specific treatment instructions here]*.

You have followed our instructions carefully and you are dedicated to your oral health. I think that all procedures should be done by *[date]*. If you have any questions before your next appointment, please give us a call at *[office number]*. Keep up the good work!

Sincerely,

Dentist and Team

Interrupted Treatment

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We've missed you since your last dental visit with us on *[date]* and are concerned. Our staff has tried to contact you *[number]* different times, but we cannot reach you. We know that life can be busy, but restoring your mouth to its full health is important to us.

If you make an appointment, we can finish your treatment as fast as possible. If you wait much longer, your condition could get worse, and you may need more expensive treatment. To say it simply, an investment in your dental health now will save you both money and discomfort in the long run. Please know that if you have stopped treatment due to financial concerns, our staff can work with you on a payment plan that will let you continue the treatment you need.

We want to help you keep your teeth for a lifetime. Please call us at *[office number]* or email us at *[email address]* to continue your treatment. We hope to see you soon!

Sincerely,

Dentist and Team

Consequences of Delayed Treatment

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It's been a while since we have seen you. At our last visit, we talked about a treatment plan to help you with *[condition]*. I have not heard from you, so I am writing to tell you about what may happen if you put off dental treatment.

Right now, your problem might be easily treated. But if you wait much longer, your problem may get worse. Possible effects of waiting too long may include:

- More pain
- More complex and lengthier treatment
- Increased treatment costs due to more harm to mouth and teeth
- Higher risks of infection or complications
- Longer recovery time
- Having to take more time off from work for treatment and recovery

Simply put, an investment in dentistry now may save you discomfort, money, and time in the long run. Please know that if you have concerns about the cost of the treatment plan, our staff can work with you on a payment plan so you can begin the treatment you need.

We want to help you keep your teeth for a lifetime. Please call us at [\[office number\]](#) or email us at [\[email address\]](#) if you have questions or want to schedule your treatment. We hope to see you soon!

Sincerely,

Dentist and Team

Treatment Follow-up

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

On *[date]*, we finished treating you for *[condition]*. To maintain good oral health, it is important that you get *[treatment]* as a follow-up to your earlier visit. The state of your mouth can change over time. We would like to be sure your mouth is as healthy as possible.

Please give us a call at *[office number]* and make an appointment for a follow-up visit. In the meantime, if you have any questions, do not hesitate to call us, or visit our website at *[web address]* for the latest dental tips and practice news. We look forward to hearing from you soon!

Sincerely,

Dentist and Team

Follow-up for Emergency

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Thank you for choosing us for your recent emergency dental care. We hope you are more comfortable and able to smile, talk, and eat easily.

The best way to prevent a future dental emergency is with regular dental care. If we catch dental problems early, we often can correct them more easily with cost and health savings. For example, a regular dental examination lets us find and treat gum disease early, saving teeth that otherwise might be lost.

Simply put, if you have regular dental visits, your dental care may cost less and be more effective. If you do not have a personal dentist, please call us this week at *[office number]* for a comprehensive dental appointment.

Thank you again for your confidence in us. We look forward to seeing you soon.

Sincerely,

Dentist and Team

P.S. Patient service is very important to us, so we also have a website that offers practice news and oral health care tips for you and your family. You can also make appointments there. Check it out the next time you're online at [\[web address\]](#).

Post-treatment (1)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Thank you for being such a great patient during treatment. Now that we have restored your mouth to a healthy condition, we would like to help you keep it that way. Our practice's mission is to help patients take preventive action to protect their dental health and keep their teeth for life.

With proper home care and regular dental visits, you can protect your investment in oral health. We count on you to brush and floss regularly, and to tell us of any change in your dental condition or health. You can count on us to contact you for your next dental recare visit. We will call, email, text, or send you a postcard to remind you of your visit.

We also would like you to visit our practice website at [\[web address\]](#). We've created a patient-focused site with practice news and the latest dental tips for you and your family. For your convenience, we are available by email at [\[email address\]](#) for non-emergency questions. On Mondays through Fridays, we try to respond to your message within 24 hours.

If you have friends, neighbors or coworkers who would like our caring approach to dentistry and who do not have a dentist now, please feel free to refer them to our office at [\[office number\]](#). We

would be glad to welcome them to our practice on your referral. We promise to provide them with wonderful dental care.

Thanks again for choosing *[practice name]*. We appreciate your trust in us.

Sincerely,

Dentist and Team

Post-treatment (2)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Congratulations on finishing your dental treatment. We are glad to have helped improve your smile.

Now that your oral health has improved, we hope you will enjoy being able to eat, talk, and smile easily and often. We also hope you will make it a goal to keep your good oral health. Brushing, flossing, and regular dental visits will protect your dental care investment.

We look forward to seeing you in *[number]* months for a recare visit. Your next appointment is *[date]*. We will confirm this appointment with a postcard, reminder call, text, or email before your visit. Please contact us at *[office number]* if you need to reschedule.

Be sure to check out our website at *[web address]*. It offers the latest practice news and oral health care tips for you and your family. Again, thank you for being one of our valued patients.

Sincerely,

Dentist and Team

Post-visit Letter to New Patient

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I enjoyed meeting you recently, and I wanted to thank you for choosing me as your dentist. My team and I are dedicated to preventive dentistry and we are pleased to help you keep your good oral health.

We offer our patients the best of modern technology in our communications, in the relaxing atmosphere of our waiting room and, most importantly, in the quality of our dental treatment. Our state-of-the-art dental equipment and tools should increase your comfort and decrease the amount of time you spend in the dental chair.

Regular dental care is the base for preventive dentistry. With regular dental visits and a home oral hygiene routine, you can look forward to lower dental costs and a lifetime of healthy smiles.

Thank you again for letting us give you the best in dental care. I look forward to seeing you at your next visit.

Sincerely,

Dentist

Post-visit Letter to Child

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I want to thank you for being such a good patient! Sometimes it is not easy to be brave, but you did just fine. I bet your parents are proud of you, too.

It is always nice to have such a wonderful patient like you, *[patient's name]*, visit our office. I look forward to seeing you again when you come in for your visit. Until then, be sure to brush your teeth two times a day and floss once a day for a bright smile.

Sincerely,

Dentist

Post-visit Letter to Child – Thank You from Dudley and Your Dentist

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

My name is Dudley the Dinosaur. Your dentist, Dr. *[dentist's name]*, told me that you are a great patient! You were very brave, and we are so proud of you. I bet your parents are proud of you, too.

It is always so nice to have a cool patient like you, *[patient's name]*, visit Dr. *[dentist's name]*'s office. Keep on brushing your teeth at least twice a day and flossing once a day for a bright smile. Talk to you soon!

Your friends,

Dudley the Dinosaur

and

Dentist

Pre-medication

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As we discussed at your last visit, we are going to *[treatment]* for you on *[date]*.

Though this is generally a safe and common treatment, patients with certain medical conditions or histories sometimes need to take antibiotics before dental treatment. This is done to help guard against developing an infection.

During our talk about your upcoming treatment, I recommended that you begin preventive antibiotic therapy prior to *[describe treatment]*. This recommendation is based on *[explain medical reason]*.

Since we last spoke, you may have some other questions about the treatment that we talked about. For this reason, I would like for us to speak again before your appointment. I just want to make sure we have the opportunity to answer all of your questions before treatment. I would be happy to discuss this information with your doctor if you wish.

A member of my staff will contact you to make a time when we can discuss this treatment. We will call in the prescription for the antibiotics to your preferred pharmacy before treatment.

Thank you for your cooperation, and I look forward to speaking with you soon!

Sincerely,

Dentist

Antibiotic Prescription

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I am writing to remind you that on *[date of prescription]* I prescribed *[name of antibiotic]* to treat or prevent an infection.

This antibiotic is very effective, but may cause upset stomach or other gastrointestinal (GI) problems. If this happens for a day or two while you are taking it, it may not be a problem. But sometimes people develop abdominal pain, watery diarrhea, or loss of appetite days—or even weeks—after they finish taking this medication. If you have these symptoms and they do not go away, contact your doctor within 24 to 48 hours of when these symptoms began. Refer to this letter to help your doctor give you the best care.

Do not wait a long time, thinking you don't wish to bother your doctor. Sometimes, especially in older adults or medically compromised patients who are also getting medical care, these symptoms can be a sign of a secondary bacterial infection (*Clostridioides* [formerly *Clostridium*] *difficile*, or "C. Diff"). These infections are on the rise nationally. A simple test lets your doctor see if this is the case and prescribe necessary treatment. Delaying treatment could worsen your condition severely.

Please put this letter where you will see it if you have stomach pain, diarrhea, or extreme gas, so that you will get the help you

need promptly. Tape it to your bathroom mirror or put it with other medical information. If you have a relative or caregiver who assists you in your medical visits, share this letter with him or her as well.

Antibiotics are an important part of your care, but sometimes they can have unexpected consequences. Because I want to help you maintain your health and appreciate serving as your dentist, I am sharing this letter with you. If you have any questions about this, or any issues related to your care, please contact our office.

Sincerely,

Dentist

Patient Dismissal

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This letter is to tell you that I can no longer continue as your dentist. *[After obtaining guidance from your attorney and/or your malpractice carrier with respect to the specific circumstances, you might state specific reason for termination here]*. At this point, we have come to the conclusion that it would be in the best interest of both parties that you get your dental services from another dentist.

Therefore, after *[date determined based on the laws of your state]*, our doctor-patient relationship will be terminated, and I will no longer be your dentist. You must plan for another dentist to provide your care. I will be available to treat you for any emergency conditions until *[date determined by the laws of your state]*.

There are several ways to find a new dentist. The American Dental Association offers a free Find-a-Dentist service where you can search for a dentist by your address or zip code. It is available at www.mouthhealthy.org/find-a-dentist.aspx. The *[component or constituent dental society]* has a free patient referral service available at *[number or web address]*. Your friends or neighbors may also have recommendations, or you can search for one convenient to you on the internet. Our office will send copies of your dental records, radiographs, and any other materials you or your new dentist at your written request.

It is important for your oral health to contact another dentist and make plans for your continued care as soon as possible.

Sincerely,

Dentist

[NOTE: Legal requirements for patient dismissal and similar termination of dentist-patient relationship will vary from state to state. Termination for late or non-payment prior to completion of treatment is a particular danger area from a legal perspective. This letter is only a sample and may not be appropriate in every state. Check the specific jurisdictional requirements and other relevant issues with local counsel, constituent or component dental societies and your professional insurance carrier.]

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Chapter 4

Financial Letters

New Payment Policy

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We value our patients, and want to do all we can to control costs. I am pleased to let you know about our new payment plans, which may help provide you and your family with options so you can receive the dental treatment you need.

To help keep your costs low, our dental office will be using a new payment policy. You may pay for treatment with one of the following plans:

1. The total sum of treatment is paid by check, credit card, or a healthcare credit card such as CareCredit®.*
2. The initial payment is $\frac{1}{2}$ of the total sum. The balance is paid at the completion of the treatment.
3. The initial payment is $\frac{1}{3}$ of the total sum. The balance is paid in two equal monthly installments.
4. The initial payment is $\frac{1}{4}$ of the total sum. The balance is paid in three equal monthly payments.

If payment is not received by the *[date]* of each month, it is the office policy to add a late charge of *[\$[amount]]* to the balance.

If you have a dental benefit plan, you can authorize the insurance company to pay us, and we will let you know about the balance of the bill. We appreciate your understanding of this policy. We look forward to continuing to serve you and your family's dental health needs!

Sincerely,

Dentist

** Subject to availability/approval*

Change in Charges

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Our office works hard to keep costs down. However, due to rising costs, we must increase our fees to keep our high standards of care. To help you, we offer a many different payment plans to make it easier to pay for dental care.

For your convenience, our office offers the following payment plans:

1. The total sum of treatment is paid by check, credit card, or a healthcare credit card such as CareCredit®.*
2. The initial payment is $\frac{1}{2}$ of the total sum. The balance is paid at the completion of the treatment.
3. The initial payment is $\frac{1}{3}$ of the total sum. The balance is paid in two equal monthly installments.
4. The initial payment is $\frac{1}{4}$ of the total sum. The balance is paid in three equal monthly payments.

Thank you for your continued support of our office. Please call us at [\[office number\]](#) if you have any questions.

Sincerely,

Dentist

* *Subject to availability/approval*

Payment Options for Extensive Treatment

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As we discussed during your last visit, your condition requires rather extensive treatment. Because you are a valued patient, we would like to help you by offering a payment plan to best fit your needs. Below is a list of our payment plans. Please look them over and let us know which plan works for you:

1. The total sum of treatment is paid by check, credit card, or a healthcare credit card such as CareCredit®.*
2. The initial payment is $\frac{1}{2}$ of the total sum. The balance is paid at the completion of the treatment.
3. The initial payment is $\frac{1}{3}$ of the total sum. The balance is paid in two equal installments during the course of treatment.
4. The initial payment is $\frac{1}{4}$ of the total sum. The balance is paid in three equal monthly payments.

Payment is due by the *[day]* of each month. If payment is not received by the *[date]*, it is the office policy to add a late charge of *[dollar amount]* to the balance.

Please call the office at *[office number]* if you have any questions. We look forward to providing continued treatment to you and your

family. Thanks again for choosing *[practice name]* as your dental provider!

Sincerely,

Dentist

** Subject to availability/approval*

Cost Estimates

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

At your previous appointment we talked about treatment for *[condition]*. As a valued patient, we believe it is important for you to know approximately what the cost of treatment will be. Enclosed is our cost estimate for your review.

Remember, this is an estimate only. During the course of treatment, other procedures may be needed, and sometimes complications arise that call for additional procedures or treatment. We will always tell you of any changes.

Please look at the estimate. Give us a call at *[office number]* to talk about the estimate and payment options. I am confident that we can set up a payment plan that will work for you and our office. We look forward to providing you with excellent dental care.

Sincerely,

Dentist and Team

Enclosure: Treatment Cost Estimate

Delinquent Payers (1–30 Days)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Recently, we sent you billing statements on *[date]* and *[date]*. We offer billing as a special convenience to our patients, and request payment of the balance of the enclosed statement by *[date]*. If you have any questions, please call us as soon as possible at *[office number]*.

If you have already remitted your payment, please disregard this letter.

Sincerely,

Dentist

Enclosure: Billing Statement

Delinquent Payers (31–60 Days)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We recently sent you a third billing statement regarding the balance due on your account. Since your account is more than 30 days old, it is important that payment be received by *[date]*.

If you cannot send a check or use a credit card to pay this balance, please call me at *[office number]* immediately. We look forward to resolving this matter as soon as possible without involving a collections agency.

Thank you for your cooperation, and we look forward to receiving your payment soon.

Sincerely,

Dentist

Delinquent Payers (61–90 Days)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Your account with us is *[number of days]* overdue. We have contacted you on *[date]* and *[date]* by letter and on *[date]* and *[date]* by telephone. We will turn this account over for collection unless we receive payment in full by *[date]*. Please contact my office immediately at *[office number]* to discuss this matter.

Sincerely,

Dentist

Yearly Dental Expenditures

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

For your convenience in preparing your income tax return, please find below the total dental costs you have paid to our office during the past year.

We realize that you have many options when it comes to dental care providers, and we appreciate that you have chosen us to care for you and your family's dental care. If we may be of additional help, feel free to call us at *[office number]*.

Total fees paid: *[\$amount]*

Present balance: *[\$amount]*

Sincerely,

Dentist

Patient Request for Review of Bill

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

On *[date]*, we received a request to review your bill for treatment provided on *[date]* for *[patient name]*.

[IF SERVICES HAVE BEEN BILLED CORRECTLY, USE THE FOLLOWING LANGUAGE:]

Upon reviewing both the treatment and the charges, we found the charges to be correct.

We follow the federal guidelines for coding procedures billed to your dental benefits plan and the recommendations of the American Dental Association. If you have questions about your dental benefits plan coverage, please contact your plan directly.

[IF SERVICES HAVE BEEN BILLED INCORRECTLY, USE THE FOLLOWING LANGUAGE:]

Upon reviewing both the treatment and the charges, we found the charges were billed incorrectly. We apologize for our error. We have enclosed a revised billing statement that shows the correct charges for the treatment we provided.

Please submit your payment in the amount of *[amount]* by *[date]*. If you are unable to pay all the balance at one time, we are happy to work with you to set up a payment plan. Give us a call at *[phone number]* so we can help you.

Thank you for being a valued patient!

Sincerely,

Dentist

Termination of Network Participation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This letter is to inform you about recent changes to our network participation with certain dental benefit plans. As you know, in the past we have been a participating provider with *[Carrier A]*. However, as of *[date]*, we will no longer be a participating provider with *[Carrier A]*. We have submitted *[will be submitting]* claims to this plan for treatment delivered up to this date.

We will continue to be a participating provider with the following plans:

Carrier B

Carrier C

Carrier D

Carrier E

Even though we are no longer a participating provider with *[Carrier A]* you can continue to see our practice for quality dental care. This may mean some changes in how payments for services will be handled. Our financial coordinator, *[financial coordinator's name]* will be able to discuss with you how any inconveniences arising from this change can be addressed.

Chapter 5

Office Announcements

New Office Hours

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Our team always tries its best to meet our patients' needs. Based on patients' suggestions, our office will now be open *[days]* from *[opening time]* to *[closing time]*.

We hope these new hours are convenient and will make it easier for you to visit our office. You can visit our website, *[web address]*, at any time to see our most up-to-date schedule.

We are committed to high quality patient care and look forward to continued service to you and your family. Please give us a call at *[office number]* to schedule an appointment.

Sincerely,

Dentist and Team

Office Relocation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We have moved! We are happy to announce the opening of our newly relocated dental office at *[location]*. You have watched our practice grow, and the new and larger space will help us to serve you better. It features a comfortable reception area, spacious treatment rooms, and the latest in dental equipment and technology.

We may be in a new location, but we haven't changed our hours, staff, policies, or our personal service to patients. When you visit our new office, you will receive the careful attention and gentle dental care you have come to expect from our practice.

Be sure to visit our website at *[web address]* to stay up to date on the latest in practice news and oral health care tips for you and your family.

Enclosed you'll find a business card with our new address and telephone number. Please feel free to stop by for a tour. Our location may have changed, but our dedication our patients has not.

Sincerely,

Dentist and Team

Enclosure

New or Second Office Location

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We are pleased to announce the opening of a new dental office at *[location]* on *[date]*. According to our patient survey, an additional office location in *[location]* will make services more convenient for our patients.

If our new office location is more convenient for you, we are ready to meet your dental needs from *[business hours]* on *[days]*. The business hours of our original location remain the same. Visit our practice website at *[web address]* for more information on our new location, as well as the latest practice news, dental care tips for your family, and a kids' page with fun activities to print at home.

Our new *[location]* space is bright and comfortable. It has the latest in dental equipment and while it may be in a different location, you will still receive the same caring, quality dentistry from our professional dental team.

Please feel free to stop by for a tour or call us to schedule an appointment. Our *[location]* telephone number is *[office number]*. Thank you again for being our valued patient!

Sincerely,

Dentist and Team

New Dental Office/Renovation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We're excited to announce the opening of our brand-new dental office! *[Practice name]* is located at *[address]* and will be accepting appointments starting on *[date]*.

From the moment you arrive, you'll find our new office more convenient and relaxing than ever. When you enter our new reception area, our friendly front office staff will welcome you into our comfortable seating area. During your short wait, you can watch TV on our state-of-the-art entertainment system. We also offer free Wi-Fi for your phones, tablets, and other mobile devices.

Relax in our treatment room by watching the movie or TV show of your choice or by listening to music during your treatment. We also offer several spa-like amenities to choose from, such as *[list amenities here]*.

Our updated dental technology was selected to enhance your comfort and safety. New additions include intraoral cameras, digital x-rays, a cone beam CT scanner, and a CAD/CAM machine that lets patients have a crown or partial crown done in a single visit.

Our new checkout area is staffed with two receptionists who are happy to answer your questions. We also have a conference room

for discussing treatment plans, financial arrangements, and other confidential matters in complete privacy.

I think you'll be very pleased with the new dental office and location. We built it with your needs in mind. Please feel free to stop by and take a tour, or visit our practice website at [\[web address\]](#) to take a virtual tour!

Sincerely,

Dentist and Team

New Dentist Introduction

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I would like to introduce myself. I am Dr. *[name]* and I will be taking over Dr. *[name]*'s practice this *[month]*. I graduated from *[dental school]* in *[year]* and have been practicing as a *[general dentist or specialist]* for *[number]* years.

My spouse and I have lived in this community for *[number]* years with our *[number]* children and our *[pet]*, *[pet's name]*. When I'm not in the office, I enjoy *[list hobbies and other activities here]*. I am also very active in *[community organization]*.

I will do everything I can to continue in the fine tradition of Dr. *[name]* by providing you with quality dental care. The entire office staff from Dr. *[name]*'s practice will remain here.

Please stop by to say hello or call the office for an appointment at *[office number]*. I look forward to meeting you and helping you keep your good oral health.

Sincerely,

Dentist

New Employee Announcement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Thanks to your support, our practice continues to grow. To help meet demand and to continue to provide the best treatment to our valued patients, we have added a new member to our dental team. I would like to introduce our new *[position title]*, *[name]*. *[Name]* will be starting on *[date]* and is very experienced in *[his/her]* field. *[He/She]* joins our office from *[previous workplace or school]*. *[name]* has lived in *[city]* for *[number]* years and enjoys *[hobby]* and *[hobby]*.

We are pleased that *[name]* has joined our team and know that you will enjoy getting to know *[him/her]*. Thank you again for being a valued patient and we look forward to seeing you soon!

Sincerely,

Dentist

Retiring Employee/New Replacement Announcement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

There have been quite a few changes happening at our office in the past few weeks. After *[number]* years of dedicated service, *[name]*, our *[position title]*, is retiring! *[Name]* plans to spend *[his/her]* retirement *[hobby]*, *[hobby]*, and *[hobby]*. We congratulate *[name]* on this milestone and hope *[he/she]* enjoys *[his/her]* well-earned leisure time.

While we will truly miss *[name]*, we have been very lucky to find someone to fill *[his/her]* shoes. *[New employee name]* will begin as our new *[position title]* on *[date]*. *[New employee name]* looks forward to helping us serve the dental needs of you and your family. Previously, *[he/she]* worked as a *[position]* at *[business or practice name]*. We are pleased to have *[new employee name]* join our team, and welcome *[him/her]* on behalf of our community.

Please feel free to stop by to wish *[name]* farewell and to introduce yourself to *[new employee name]*. We look forward to seeing you soon and providing you with the best in dental care.

Sincerely,

Dentist and Team

New Partner Announcement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We are pleased to announce that Dr. *[name]* has joined our practice as a partner.

Dr. *[name]* has been practicing as a *[general dentist or specialist]* in *[location]* for *[number]* years since *[his/her]* graduation from *[name of dental school]*. Dr. *[name]* is an active member of the American Dental Association, *[state]* Dental Association, and *[city]* Dental Society.

Dr. *[name]* has a caring patient manner and an interest in *[dental interest]*, as well as additional training in *[area of training]*. We have every confidence that Dr. *[name]* will be a strong asset to our dental team.

To learn more about Dr. *[name]*, visit our practice website at *[web address]*. There you will find Dr. *[name]*'s biography and photo, in addition to the latest practice news and dental tips.

Dr. *[name]* and I are both committed to providing the high quality dental care that you have come to expect from our practice. Please give us a call at *[office number]* to schedule an appointment.

Sincerely,

Dentist

New Associate Announcement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I am pleased to announce a recent addition to the dental team, our new associate, Dr. *[name]*.

Dr. *[name]* graduated from *[school]* in *[year]* and has been practicing as a *[general dentist or specialist]* in *[location]* for *[number]* years. Dr. *[name]* has a particular interest in *[dental interest]* and additional training in *[additional training]*.

I know that Dr. *[name]* will be a valuable asset to our dental team and you will appreciate *[his/her]* skill and caring as a dentist. The addition of Dr. *[name]* to our practice has enabled us to extend our hours on *[day(s)]* until *[time]* p.m. for your convenience

Please stop by to say hello or give us a call at *[office number]* to schedule an appointment. Thank you for allowing us to provide your dental care—we appreciate you!

Sincerely,

Dentist

Temporary Office Closed/Dentist Absence

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This letter is to notify you that our office will be closed from *[date]* to *[date]*. While the office is closed, I have arranged for Dr. *[name]* to handle any dental emergencies that may arise during my absence. If you do have to see *[him/her]*, I think you'll be pleased with the care you receive.

Please feel free to call *[him/her]* at *[number]*. We will be back in the office on *[date]*. We know that you have many options when it comes to dental providers, which is why our practice is committed to providing quality patient care and service.

Sincerely,

Dentist and Team

Dentist Out on Illness/Disability

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Dr. *[name]* will be out of the office through *[date]*. During this time, *[his/her]* associate, Dr. *[associate's name]*, will be available to meet your dental needs. Dr. *[associate's name]* is highly regarded in the dental field and *[he/she]* has worked with Dr. *[name]* for *[number]* years. Dr. *[name]* has the greatest confidence in the professional skills of Dr. *[associate's name]*.

If you already have an appointment with Dr. *[name]*, you will be seen instead by Dr. *[associate's name]*. We think you will feel very comfortable and confident in *[his/her]* capable care. If you would like to schedule a visit, please call our office at *[office number]*.

As always, we are committed to providing you with quality dental care and patient service, and thank you for your understanding. We look forward to Dr. *[name]*'s speedy recovery and return to the office.

Sincerely,

Dental Team

Dentist Out on Maternity/Paternity/Adoption Leave

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Please join us in congratulating Dr. *[name]* and *[his/her]* *[wife/husband]* on the arrival of *[baby's name]*! Both parents and baby are happy and healthy, and are enjoying this very special time.

Dr. *[name]* will be taking time off to bond as a family and embrace this wonderful new role. We anticipate *[his/her]* return on *[date]*. In the meantime, Dr. *[covering dentist's name]* will be available to meet your dental needs.

Dr. *[covering dentist's name]* is highly regarded in the dental field and *[he/she]* has worked with Dr. *[name]* for *[number]* years. Dr. *[name]* has the greatest confidence in the professional skills of Dr. *[covering dentist's name]*.

If you currently have an appointment with Dr. *[name]*, you will be seen instead by Dr. *[covering dentist's name]*. We think you will feel very comfortable in *[his/her]* care. If you would like to make an appointment, please call our office at *[office number]*.

Thank you for your understanding and patience during this joyful and exciting time.

Sincerely,

Dental Team

Retirement – Replacement Announcement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It is with mixed emotions that I announce my decision to retire and have another dentist take over my practice. I would like to thank you for your trust and confidence in letting me serve as your dentist through the years.

I want to be certain that my patients continue to receive quality dental care, so I have selected Dr. *[name]* to take over my practice. I think that *[he/she]* is a skilled dentist and a caring person with the qualifications and desire to continue the practice in a highly professional manner.

Dr. *[name]* is from *[location]*. *[He/She]* is a graduate of *[dental school]* and presently practices dentistry in *[city]*. Dr. *[name]* is a member of the American Dental Association, the *[state]* Dental Association, and the *[city]* District Dental Society.

Your dental records will continue to be maintained at the office. I feel confident that Dr. *[name]* will provide you and your family with excellent dental care. If you want to see another dentist and would like your records transferred to that dentist, please notify the office.

Dr. *[name]* and the dental team will be contacting you for your next regularly scheduled visit. If you have not had a recent checkup and

the office staff does not get in touch with you, please call Dr. *[name]* for an appointment. The office number will remain the same, *[office number]*.

Thank you again for your loyalty, confidence, and friendship!

Sincerely,

Dentist

Practice Closing – No Replacement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It is with a mix of sadness and excitement that I announce the closing of my dental practice upon my retirement in *[month/date]*. I have enjoyed practicing dentistry in this community, and I have chosen to bring my active practice to a close.

I am very fortunate to have practiced dentistry in a community that supports my efforts so generously. I have enjoyed our friendship and your commitment to oral health over the years. It has been my pleasure to provide for the dental needs of you and your family.

If you would like a recommendation for a new dentist, please do not hesitate to contact me at *[office number]*. For questions about how to obtain copies of your dental records, please call our office at *[office number]* by *[retirement date]*.

Thanks again for your support and encouragement over the course of my dental career. I wish you and your family all the best!

Sincerely,

Dentist

[NOTE: The dentist may wish to work with the dentist's carrier or record service to ensure records retention for as long as required under state law and by his or her malpractice carrier.]

Dentist Replacement after Death

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

This letter is to introduce you to Dr. *[new dentist's name]*, who will be starting *[his/her]* practice in the office of Dr. *[deceased dentist's name]*, who recently passed away. Dr. *[deceased dentist's name]* always enjoyed *[his/her]* patients and practicing dentistry. We know that *[he/she]* appreciated the opportunity to care for your and your family's dental health.

OR

It is with heavy hearts that we inform you of Dr. *[deceased dentist's name]*'s passing. *[He/She]* truly enjoyed *[his/her]* patients and practicing dentistry. We know that Dr. *[deceased dentist's name]* appreciated the opportunity to care for your and your family's dental health.

Please consider this letter notification that Dr. *[new dentist's name]* will take over Dr. *[deceased dentist's name]*'s practice and continue to provide high quality dental care in a caring and efficient manner. Dr. *[new dentist's name]* has been a part of *[practice name]* for *[number]* years, and, as many of you know, is an outstanding dental practitioner.

We do not expect an interruption in your dental care since the office hours will stay the same. In addition, Dr. *[deceased dentist's name]*'s assistants, hygienist, and front office staff will stay with the practice.

Dr. *[new dentist's name]* will open the office for appointments as of *[date]*. Your dental records will remain with the office for use by Dr. *[new dentist's name]* unless you request that we transfer them to another dentist.

If you have any questions or would like to schedule an appointment, please call us at *[office number]*.

Sincerely,

Name

Practice name

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Chapter 6

Office Closures

Appointment Reminder

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

All of us at *[practice name]* hope you and your family are healthy and well. Over the last few months, our community and our world have been faced with a new reality that has changed our lives and affected each of us. We are glad that we can finally return to our normal habits and routines. One of those routines is maintaining regular dental appointments. Prior the pandemic, we scheduled you for an appointment on *[date]* and *[time]* and we look forward to seeing you then.

Everyone's teeth need regular professional cleanings at the dental office to help remove stains, plaque, and tartar. This is true for all patients, even those who brush and clean between their teeth daily. Maintaining a regular schedule of dental appointments enables us to detect tooth decay early and can help prevent or reverse early stages of periodontal (gum) disease. It also gives us the chance to check for oral cancer, assess the health of your entire mouth and the surrounding soft tissues, and check your teeth for signs of unusual wear due to grinding or clenching, a common response to stress. During your appointment, we'll also review proper brushing and flossing techniques in order to help prevent tooth decay and gum disease.

At that appointment, we would also like to ensure that we have a current health history for you. If any of the information below has changed, please bring with you:

- An up-to-date list of all medications you take, including any vitamins, supplements, over-the-counter medications, and herbal remedies
- An up-to-date list of your medical conditions and allergies
- Information about your health care providers, including the names and phone numbers of any doctors you see regularly
- Information about your emergency contacts
- Information on your dental benefit coverage (insurance) including your Medicaid card (if applicable)
- Your dentures or partials, even if you haven't been using them

We look forward to seeing you on *[day]*. If for any reason you cannot keep this appointment, call us at *[office number]* as soon as possible. *[If your office has a cancellation policy, insert it here]*.

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors, and friends.

Sincerely,

Dentist

Continuing Care Reminder

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

All of us at *[practice name]* hope you and your family are healthy and well. As you may already know, our practice had to temporarily close its doors because of the COVID-19 pandemic.

We are excited to announce the re-opening our practice effective *[date]*. We selected this date after carefully reviewing the recommendations and guidelines announced by such leading federal and local government agencies as the Centers for Disease Control and Prevention (CDC) and national professional associations such as the American Dental Association (ADA).

We've missed you since your last dental visit with us on *[date]* and would like to schedule your next regular dental appointment. Now, as we're able to resume our lives, is the perfect time to make sure that your dental health stays on track. Maintaining your regular schedule of dental appointments enables us to detect tooth decay early, can help prevent or reverse early stages of periodontal (gum) disease, and allow us to check for signs of unusual tooth wear due to grinding or clenching, a common response to stress.

Everyone's teeth need regular professional cleanings at the dental office to help remove stains, plaque, and tartar. This is true for all patients, even those who brush and clean between their teeth daily.

During your appointment, we'll also review proper brushing and flossing techniques in order to help prevent tooth decay and gum disease.

Please call our office at [\[office number\]](#) so that we can make an appointment for you soon. You can also make an appointment on our practice website at [\[web address\]](#).

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors, and friends.

Sincerely,

Dentist and Team

Interrupted Treatment

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

All of us at *[practice name]* hope you and your family are healthy and well. Over the last few months, our community and the world have been faced with a new reality that has changed our lives and affected each of us. As you may already know, our practice had to temporarily close its doors because of the COVID-19 pandemic.

We are excited to announce the re-opening our practice effective *[date]*. We selected this date after carefully reviewing the recommendations and guidelines announced by such leading federal and local government agencies as the Centers for Disease Control and Prevention (CDC) and national professional associations such as the American Dental Association (ADA).

Since the pandemic required us to cancel your *[date]* appointment, we'd like to reschedule it as soon as possible so we can complete your treatment. Please know that if you feel that you are unable to continue treatment due to financial concerns or a change in your dental benefit coverage, our staff is happy to discuss that with you. I'm confident that we can make a plan that will help you get the treatment you need without risking that your condition could worsen. Please know that these types of conversations are always confidential.

Our goal at *[practice name]* is to help you keep your teeth for a lifetime. Please call us at *[office number]* or email us at *[email address]* so together we can continue your treatment. We value your trust and loyalty and look forward to welcoming back our patients, neighbors, and friends.

Sincerely,

Dentist and Team

Dental Office Re-opening

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

All of us at *[practice name]* hope you and your family are healthy and well. Over the last few months, our community and the rest of the world have been faced with a new reality that has changed our lives and affected each of us. As you may already know, our practice had to temporarily close its doors because of the COVID-19 pandemic.

We are excited to announce the re-opening our practice effective *[date]*. We selected this date after carefully reviewing the recommendations and guidelines announced by such leading federal and local government agencies as the Centers for Disease Control and Prevention (CDC) and national professional associations such as the American Dental Association (ADA).

We will be open the following days and hours:

Monday: *[XX:00 am to XX:00 pm]*

Tuesday: *[XX:00 am to XX:00 pm]*

Wednesday: *[XX:00 am to XX:00 pm]*

Thursday: *[XX:00 am to XX:00 pm]*

Friday: *[XX:00 am to XX:00 pm]*

Saturday: *[XX:00 am to XX:00 pm]*

You may begin making appointments immediately online at *[website address]* or during business hours by calling our office at *[office phone number]*.

Everyone's teeth need regular professional cleanings at the dental office to help remove stains, plaque, and tartar. This is true for all patients, even those who brush and clean between their teeth daily. Maintaining a regular schedule of dental appointments also enables us to detect tooth decay early, saving patients time, money, and oftentimes their teeth. Professional cleanings may also help prevent or reverse early stages of periodontal (gum) disease and allow us to check for signs of unusual tooth wear due to grinding or clenching, a common response to stress.

Thank you for being our patient. We look forward to seeing you in our practice again soon.

Sincerely,

Dentist and Team

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Chapter 7

Special Occasion

Congratulations – Civic or Organization Election

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Our entire dental team sends their congratulations and warm wishes on your election as *[position]* of *[organization]*. What an exciting accomplishment! We know your family and friends are proud of you as well.

Your leadership in the community is important, and the staff at *[practice name]* fully supports your hard work and commitment to this organization. Please keep our dental office in mind for future event sponsorship or donations. There may be ways that we can work with you on fundraisers that truly impact the community as well as raise awareness of the need for good oral health care.

Again, best wishes in your new position. Please let us know how we can help you look and feel your best for all those upcoming photo opportunities! We know that you'll be an excellent leader and we look forward to hearing about your upcoming projects.

Sincerely,

Dentist and Team

Personal Achievement/Award

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Congratulations on winning the *[award name]* award! I heard the news and had to reach out to let you know how proud of you we are here at *[practice name]*.

This is a wonderful achievement and one that you rightly deserve. We understand that you were chosen as *[award name]* from among *[number]* other nominees. Obviously, your commitment to the organization and consistent hard work at community events went above and beyond the call of duty!

I'm pleased to see you received public recognition for your efforts, and I wanted to let you know that our dental team fully supports the *[awarding organization]* as well. Please keep us in mind for future projects, fundraisers, or donations and we'll see how we can contribute.

Once again, congratulations. We look forward to seeing you at your next office visit, and please let us know if we can do anything to help you look and feel your best in the public spotlight.

Sincerely,

Dentist and Team

Get Well – Illness or Surgery

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We're sorry to hear that you're not feeling well. The whole dental team sends their best wishes for a speedy recovery. Please let us know if we can do anything to help. We hope that you feel better soon!

OR

We recently heard that you underwent surgery. The entire dental team wishes you a smooth and quick recovery. Please let us know if there's anything we can do to help. Again, best wishes, and we hope that you feel better soon!

Sincerely,

Dentist and Team

Sympathy – Death in Family

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We wish to express our deepest sympathy to you and your family on *[name]*'s passing.

[POSSIBLE SUGGESTED LANGUAGE:]

[Name] was a valued member of our community and an outstanding *[profession]* in this community.

OR

We had the pleasure of meeting *[name]* and know that you will miss *[him/her]* dearly.

May the memories in your heart soothe your spirit during this time, and know that we're thinking about your entire family. Please let us know if there is anything we can do. You can reach us at *[office number]*.

Sincerely,

Dentist and Team

Congratulations – Retirement

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I just heard of your retirement from your *[workplace]*, and I want to express my congratulations on an outstanding career! I know you've helped many people throughout your years as a *[job title]* at *[workplace]*.

I know you'll enjoy the free time you so richly deserve in your retirement. It will be nice to be able to spend more time with your family, as well as pursue your interest in *[hobby]* and *[hobby]*.

Again, congratulations on your retirement. Remember that just because you are retired doesn't mean that your dental health is! Please let us know if there have been any changes in your dental benefits. We look forward to seeing you soon!

OR

I recently heard about your retirement from *[profession]* after *[number]* years at *[workplace]*! The team here at *[practice name]* wants to extend a hearty congratulations on an outstanding career. I know you've been honored many times throughout the years with *[awards]* and other accolades, and you've definitely made a positive impact on our community with your focus on excellence.

You've mentioned your love of *[hobby]* many times, and I'm sure you'll be busy *[hobbying]* during your retirement. What a joy to have the time to pursue your passion!

Again, congratulations on your retirement. Remember that just because you are retired doesn't mean that your dental health is! Please let us know if there have been any changes in your dental benefits. We look forward to seeing you at your next office visit.

Sincerely,

Dentist and Team

Happy Holidays

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Best wishes of the season! The holidays give us a chance to reflect on the past year. Our dental team would like to take time to say that we've enjoyed caring for you and your family's dental health. We hope that our attention to customer service and quality care has made your visits to our office enjoyable.

The greatest gift that you can provide to us in the new year is the gift of referrals. Recommending our dental practice to your family and friends tells us that we're doing something right. Please keep us in mind if you have new neighbors or coworkers who may need dental care.

Once again, we wish you a holiday filled with smiles, and health and happiness in the new year!

Sincerely,

Dentist and Team

P.S. The holidays are filled with candy and other delicious goodies, so please take the time to brush at least twice a day and floss once a day to prevent tooth decay.

New Baby

Date

Patient

Street Address

City, State Zip

Dear *New Parents*:

Our warmest congratulations on the birth of your child! We were pleased to hear that the parents and the baby are doing well. As first-time parents, I'm sure you're thrilled, not to mention a little exhausted!

OR (for families that already have children)

Congratulations on the birth of your child! We were pleased to hear that the parents and the baby are doing well. This new addition to your family must be so exciting!

As I'm sure you know, good oral care is important, even for babies. You can take a few simple steps to help ensure a healthy smile for your child:

- Wipe the baby's gums with a clean gauze pad after each feeding. Begin brushing your child's teeth with a little water as the first tooth appears.
- Never let your baby fall asleep with a bottle containing milk, formula, fruit juices, or sweetened liquids or a pacifier dipped in sugar or honey.

- Make your child's first visit to the dentist when the first tooth appears or no later than the child's first birthday.

Enjoy this special time and again, congratulations. We hope to see you and meet your baby soon!

Sincerely,

Dentist and Team

Job Promotion/Transfer

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Congratulations on your promotion to *[title]*! What an outstanding professional achievement! We realize that you will be moving to *[location]* in order to pursue this exciting opportunity. Though we regret that we will no longer be seeing you at our office, we're sure you'll enjoy *[location]*.

We would like you to continue to receive quality dental care. Once you're settled, we recommend Dr. *[name]* in *[location]*. Dr. *[name]* is an excellent dentist with a warm, caring approach to patients. Dr. *[name]*'s office is located at *[address]* and the office number is *[office number]*.

When you need copies of your dental records and x-rays sent to your new dentist, please contact *[record keeper's name]* here in our office. Our office number is *[office number]*.

Again, congratulations on your promotion and move. Let us know if there's anything you need to take care of with your dental health before you leave. If we don't see you, good luck and keep in touch!

Sincerely,

Dentist and Team

Upcoming Marriage

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Best wishes on your upcoming marriage! What an exciting time for the two of you and your families. A wedding is a time to celebrate new beginnings and I know your day will be a wonderful and memorable experience.

Please let us know if we can do anything to help you look and feel your best before the big day. We can schedule a cleaning, as well as a consultation to talk about ways to make your smile its brightest for your wedding, such as tooth whitening. Some treatments take longer than others and may require multiple appointments so don't wait until the last minute to contact us. We can make a timeline and a treatment plan in time for your special day.

We look forward to meeting your spouse. You'll have to bring *[him/her]* by the office to say hello after you're settled. Once again, congratulations and best wishes for a lifetime of smiles together!

Sincerely,

Dentist and Team

High School/College Graduation

Date

Patient

Street Address

City, State Zip

Dear *Name*:

Congratulations on your graduation from *[high school]*! This is a big milestone and a great achievement. We at *[practice name]* have watched you excel throughout the years in *[academics/sports/drama/activity]* and can't believe it's already time for your graduation.

I hope you enjoy your break before starting *[college/vocational school/job]*. Our staff will continue to send you reminders for your teeth cleaning appointments. If you're leaving the area, please let us know if you need the name of a qualified dentist.

Please stay in touch with our office, and notify us if your address will change. If you would like a checkup or would like to take care of any dental issues before you begin your next chapter, please give us a call at *[office number]* or visit our website at *[practice website]* to make an appointment. Again, congratulations and best wishes in your future endeavors!

OR

Congratulations on your graduation from *[college/university]*! Your hard work has paid off, and we wish you the best of luck in *[field/graduate school]*. After speaking to your family, it sounds like

you've been given a fantastic opportunity with *[name of employer/school]*.

While we'll miss seeing you, we want to be sure you have the best preventive dental care and regular oral exams to keep your smile healthy. Please let us know if you need the name of a qualified dentist in *[place where new job/school is located]*.

Please stay in touch with our office, and notify us if your address will change. If you would like a checkup or would like to take care of any dental issues before you leave, please give us a call at *[office number]* to make an appointment. Again, congratulations on receiving your diploma and good luck with your new endeavor!

Sincerely,

Dentist and Team

Notes:

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Chapter 8

Patient Education Letters and Handouts

The Importance of Regular Dental Visits

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We understand that day-to-day life can be very hectic. Between your work, family, and social lives, it's hard to make an extra effort to care for your dental health. At *[practice name]*, we want to make your regular dental visit a relaxing and positive experience.

Regular dental care is important. We can detect tooth decay early, which can save time, money, and your teeth! Even if you brush and clean between your teeth each day, your teeth need regular professional cleanings at the dental office. Professional cleaning helps remove stains, plaque, and tartar from your teeth to keep your smile bright. It also helps prevent or reverse early stages of periodontal (gum) disease.

At your dental appointment, we check the health of your teeth and gums to ensure that all is well. A careful exam of your mouth is important to detect signs of oral cancer, and other problems, at an early stage when they are easier to treat.

Taking care of your oral health is important throughout your life. According to the Centers for Disease Control and Prevention, about 90% of adults in the U.S. had at least one cavity. About one-quarter have untreated tooth decay. Periodontal disease is also very

common; almost half of adults over 30 years of age have some form of periodontal disease.

Regular dental visits are also important for denture wearers to make sure they fit correctly and your gums are healthy.

Oral health is a key part of your overall health. Please give us a call at [\[office number\]](#) or visit our website at [\[web address\]](#) to make your exam and cleaning appointment. We look forward to seeing you soon.

Sincerely,

Dentist and Team

Basic Home Care

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As your dentist, I often see myself as a member of “[*patient*]’s oral health team.” Avoiding cavities and having healthy gums mainly depends on how well you practice good oral care at home.

It is important to brush your teeth twice a day with an ADA accepted fluoride toothpaste and clean between your teeth once a day. Patients often say that they just don’t have the time. You can clean between your teeth at any time in the day. It’s easier than ever thanks to the variety of products, such as pre-threaded floss holders, dental picks, and water flossers. These healthy habits are worth making a part of your daily life.

Your choice of foods and beverages is another key to good oral health. Eat a balanced diet and limit snacks between meals. A steady diet of sugary or acidic foods and drinks, including sports drinks, can wear away your tooth enamel, the hard outer layer of your teeth. When you eat sugary or acidic food often, the harmful effect on teeth can be dramatic. Once a tooth decays, the enamel does not grow back. The only option when decay happens is to see me to have the tooth treated.

Smoking or using tobacco in any form also harms your oral health. Smokers have a higher risk for cancer and other life-

threatening diseases, and tobacco use can also cause periodontal (gum) disease. If you smoke and you want to quit, we can talk about treatment options and decide on the best course of action for you.

By taking care of your teeth, eating a balanced diet and having regular dental visits, you can have healthy teeth and a beautiful smile for life. For more information on this and other patient education topics, visit our practice website at [\[web address\]](#). If you have any questions or concerns, please do not hesitate to contact me at [\[office phone\]](#) or send an email to [\[email address\]](#).

Sincerely,

Dentist

Dental Care for Babies

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Being a parent is a full-time job. As your family dentist, it's my job to send reminders about how to care for your child's developing teeth and gums to prevent issues before they start.

Below are some tips on good oral care for your baby from the American Dental Association. Post these on your refrigerator or in another handy place so your family and babysitters can also see them:

- Babies have a higher risk for tooth decay if their teeth are in contact with sugary liquids often or for long periods of time. These liquids include fruit juice, soda and other sweetened liquids. Don't let your baby constantly sip on liquids with sugar, and never put your baby to bed with a bottle, even one that contains milk or formula. Don't use a bottle as a pacifier. Infants should finish their bottles before going to bed.
- If your child uses a pacifier, don't dip it in anything sweet, or put it in your mouth before giving it to the child. It's important to know that the cavity-causing bacteria in your mouth can be passed to your baby.

- Wipe the baby's gums with a wet gauze pad or with a washcloth or towel after each feeding, even before any teeth come in.
- Begin brushing your child's teeth twice a day with a child-sized toothbrush as soon as the first tooth appears. Use a grain-of-rice sized amount of fluoride toothpaste. As soon as your child has two teeth that touch, begin cleaning in between the teeth.
- Sippy cups or "no-spill" cups should only be used until a child's first birthday. After that, try to get your child to drink from a small open cup.
- Take your baby to the dentist before his or her first birthday. This helps our dental team get to know your child's and your family's specific needs, so we can provide the best care.
- During the child's first visit, I will go over how to care for your baby's teeth and gums, and give you more information on what to expect as your baby grows. As baby teeth come in, your child may become fussy, sleepless or irritable. One way to comfort your baby is to gently massage the gums with a clean finger, a small cool spoon, a chilled (not frozen) teething ring, or a clean, wet gauze pad, washcloth or towel.
- The U.S. Food and Drug Administration (FDA) warns parents not to use benzocaine-containing over-the-counter products to soothe sore gums in young children. These can include products such as Anbesol®, Hurracaine®, Orajel® and Orabase® and some prescription products. **These products can cause serious reactions in children.** Details are available on the FDA website: www.fda.gov.
- If you prepare powdered infant formula, consult with your pediatrician, family physician or me on the type of water to use.

For more information on dental care for your baby, visit our website at [\[web address\]](#). As always, we are here to answer your questions, so please feel free to call our office at [\[office number\]](#) or email us at [\[email address\]](#) to schedule your first “well-baby” dental appointment.

Sincerely,

Dentist and Team

Your Child's First Dental Visit

Date

Patient

Street Address

City, State Zip

Dear *Parent*:

We are looking forward to *[child's name]*'s first dental visit. Our office is very child friendly and we will strive to make your child's first visit to our office a positive experience.

During the first visit, we will go through the checklist below, explaining each step to you and your child as we go:

- Review your child's medical and dental history.
- Gently examine your child's teeth and gums to check growth and development, oral hygiene, injuries, cavities, or other problems.
- Clean the teeth if necessary and give suggestions about daily care.
- Advise and help you determine if your child is getting the right amount of fluoride, a natural mineral that protects teeth. Too much or too little fluoride can lead to problems.
- Talk about eating habits and give information about diet and nutrition.

- Check for tooth decay and review your child's risk of developing tooth decay.
- Give information about oral development, teething, pacifier or finger/thumb sucking habits, and injury prevention.
- Plan for any needed treatment or the next checkup.

The tips below help make a great first dental visit:

- Schedule a morning appointment if possible. Children tend to be more rested and cooperative in the mornings. Try not to schedule the appointment during nap time.
- If you get nervous about visiting the dentist, try not to pass on these worries to your child.
- Do not bribe your child or use a dental visit as a punishment or threat.
- Try to make your child's dental visit a fun outing.

Starting visits at an early age helps your child build good dental habits from the beginning. Plus preventive dental care can save time, money, and teeth. If you have any questions or concerns, please feel free to call me at [\[office number\]](#) or contact me via email at [\[email address\]](#).

Sincerely,

Dentist

Back to School Dental Visit

Date

Patient

Street Address

City, State Zip

Dear *Parent*:

Summer is almost over and it's time for school. This means it's also time for *[child]*'s dental appointment. We want to make sure *[he/she]* kicks off the school year with great oral health!

We also want to remind you of the importance of packing healthy meals for your child's lunch. Find out if your child's school sells sugary snacks or beverages in the school cafeteria or vending machines. Easy access to sugar can lead to tooth decay. A healthy diet is important for good oral health. A combination of a balanced diet and regular dental visits will help keep *[child]*'s smile healthy for a lifetime.

Help your child start good eating habits. Try to limit snacks between meals. If your child is thirsty or needs a snack, stay clear of cookies, candy, and other sweets or sticky foods. Instead, offer water or healthy foods, such as fruit, carrot sticks, or wheat crackers. Save sweets for mealtime, when the mouth makes more saliva to help rinse out food particles.

For good dental and overall health, be sure your child eats a balanced diet with foods from the major food groups. For more information about a healthy diet, see www.choosemyplate.gov.

Please call our office at *[office number]* or visit our practice website at *[web address]* to make an appointment as soon as possible. Our back-to-school schedule fills up quickly, and we want to find a time that works best for you. As always, it's our pleasure to provide you and your family with the very best in dental care.

Sincerely,

Dentist and Team

Mouthguards

Date

Patient

Street Address

City, State Zip

Dear *Parent*:

If you've got an active child or teen, we wanted to let you know about the importance of mouthguards to protect their developing smiles.

A mouthguard is a safety device that can help *[child]* protect *[his/her]* teeth during sports or recreational activities. It cushions impact that may otherwise cause broken teeth, jaw injuries, or cuts to the lip, tongue, or face.

We can create a special mouthguard for *[child]* for comfort and a proper fit. Fit is an important factor when making or choosing a mouthguard because if it doesn't fit correctly, it is not protective, and your child is less likely to wear it. A mouthguard should be comfortable, stay in place, and have enough flex that it won't tear or break, but is thick enough to hold up to a heavy hit. A custom-made mouthguard stays in the mouth and causes minimal interference with speech.

Since treating a sports-related dental injury can cost thousands of dollars, a custom mouthguard is money well spent.

Mouthguards are not just for athletes playing contact sports. Any adult or child involved in a recreational activity that may cause injury

to the mouth, such as rollerblading or skateboarding, should protect his or her smile with a mouthguard.

The sooner we fit a mouthguard, the safer *[child]*'s smile will be. Our goal is to provide the best quality preventive dental care for your family, so please call our office at *[office number]* to set up an appointment. You can also make an appointment at our practice website at *[web address]*, as well as visit its patient education section.

Sincerely,

Dentist and Team

Sealants

Date

Patient

Street Address

City, State Zip

Dear *Parent*:

We are writing to tell you about sealants, an easy and affordable way to help prevent tooth decay. We know that your children's dental health is a high priority in your family, and sealants are an excellent defense against cavities for most children.

A sealant is a thin coating that is put on the teeth where decay occurs most often—the chewing surfaces of the back teeth. These teeth have pits and grooves where plaque, bacteria, and bits of food get stuck. They are hard to clean, because toothbrush bristles cannot reach into them. The sealant material flows into the pits and grooves and acts like a barrier, sealing out bacteria and bits of food that can cause tooth decay.

Sealing a tooth is fast and painless. First, the tooth is cleaned and prepared to help the sealant material stick. Then the sealant is painted onto the chewing surface where it bonds to the tooth. Lastly, a special light is used to harden the sealant. It takes only a few minutes to seal each tooth.

Your child won't be able to feel the sealant on his or her tooth. The sealant is usually clear or white, so it can't be seen when talking or smiling. Sealants can last several years before they need to be

replaced. During regular dental visits, we will check the sealants and can reapply them if needed.

Applying sealants can save both time and money. More importantly, your child may avoid the discomfort and anxiety associated with repairing a decayed tooth. Sealants on permanent molars help reduce the risk of cavities by 80%.

Please call our office today at [\[office number\]](#) if you'd like to learn more about how sealants can help protect your [\[child/children\]](#) from tooth decay. You may also visit our website at [\[web address\]](#) to view more patient education information and to make an appointment. We appreciate the chance to provide excellent preventive care for your family.

Sincerely,

Dentist and Team

X-ray Safety

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We welcome and encourage your questions and try to keep you informed about dental care. During my discussions with patients, a few have told me their concerns about dental x-rays. Are x-rays necessary? Are they safe? I would like to talk about some of these concerns and share this information with you.

Dental x-rays are necessary for accurate diagnosis of many dental conditions. Dentists use x-rays to help detect decay and other diseases of the mouth, bone, face, and jaw that may not be visible during your regular dental exam. X-rays help us find dental conditions early. Finding and treating dental problems at an early stage can save time and money and can help you avoid more serious health problems. X-rays are important for diagnosing, treating, and preventing dental problems.

Dental x-rays use very low levels of radiation. Dental practices take steps to protect you from radiation, like taking x-ray images only when necessary, using the smallest x-ray dose possible, lining the beam up to only the area of interest, and using proper exposure and processing methods. With these safeguards in place, the small amount of radiation you are exposed to from dental x-rays generally represents a much smaller risk to your health than an undetected and untreated dental problem.

I hope this information assures you that we are committed to providing quality care to our patients. Please feel free to contact us at [\[office number\]](#) or [\[email address\]](#) to ask us about x-rays or any other part of your dental treatment. You can also visit the patient education section of our website at [\[web address\]](#) for more information. Thank you again for choosing [\[practice name\]](#).

Sincerely,

Dentist and Team

Healthy Mouth, Healthy Body

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Did you know that your mouth health and overall health may be connected? Periodontal disease, also known as gum disease, has been linked to a variety of health problems, including diabetes, heart disease, and stroke.

Practicing good oral hygiene is one step in maintaining your overall health. To help keep your mouth healthy and avoid developing periodontal disease, make sure you follow these guidelines:

- Brush your teeth twice a day for two minutes each time. Use an ADA accepted toothpaste with fluoride to help prevent decay.
- Clean between your teeth daily with floss or another between-the-teeth cleaner.
- Choose oral health products with the ADA's Seal of Acceptance.
- If you need extra help controlling plaque, we can discuss the use of an ADA accepted, anti-microbial mouth rinse.
- Avoid tobacco in any form.

- See me for regular dental appointments.

For more information, visit the patient education section of our practice website at [\[web address\]](#).

Please call to make an appointment so I can check your teeth and gums. You can reach me at [\[office number\]](#) or [\[email address\]](#). It is my pleasure to provide you with outstanding preventive dental care.

Sincerely,

Dentist and Team

Sipping and Snacking

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As your dentist, it's my job to remind you not only to practice good oral hygiene, but also to make smart nutrition choices. As you may know, a steady diet of sugary and acidic foods and drinks, including sports and energy drinks, can damage teeth. But snacking throughout the day or "grazing" all day long can also lead to tooth decay.

When you have sugary or acidic foods or drinks many times a day or sip on the same sugary drink for a long time, it increases your risk of getting cavities or tooth erosion. Plaque that is left on your teeth uses the sugar from food and drinks to make acid. The acid attacks your tooth enamel again and again and can lead to tooth decay. Tooth decay must be treated by a dentist. To reduce your risk of tooth decay, follow the tips below:

- If you have sugary foods and drinks, have them with meals.
- Limit snacks and sugary drinks between meals.
- If you chew gum, choose sugarless gum that has the ADA Seal.

- Drink water. Drinking water with fluoride can help prevent tooth decay.
- Brush your teeth with fluoride toothpaste two times a day and clean between your teeth once a day with dental products that have the ADA Seal.
- See your dentist regularly.

Almost all foods have some type of sugar so it cannot be completely taken out of your diet. Many of these foods contain important nutrients and we enjoy eating them. To lower your risk of cavities, avoid foods like candy and cookies that contain a lot of sugar but few other nutrients. You should also read nutrition facts labels on food and plan carefully for a balanced, nutritious diet for you and your kids.

If you have any questions regarding nutrition and your oral health, feel free to contact me by phone at [\[office number\]](#) or email at [\[email address\]](#) to set up an appointment. You can also visit the patient education section of the practice website, [\[web address\]](#). In the meantime, take care of yourself and your health.

Sincerely,

[Dentist and Team](#)

Dealing with Dental Anxiety

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

For some people, visiting the dentist can be stressful. At *[practice name]*, we want you to know that we understand this anxiety and want to make your visit as pleasant as possible.

Here are a few tips to help you relax before and during a dental treatment:

- Tell your dentist and the dental staff if you feel fearful, tense, or anxious. Talking about your fears can help your dentist tailor the treatment and pace to suit your needs.
- Try to make your dental visit for a time when you won't be rushed. You may find a Saturday or early morning appointment less stressful than rushing to see the dentist directly after work.
- Get a good night's sleep the night before and eat light meals the day of your appointment.
- Wear loose, comfortable clothes to your dental appointment. Avoid wearing tight collars or clothes that will restrict your movement.

- Arrange a signal ahead of time with the dental staff, such as raising your hand, to let them know that you are feeling discomfort or need a break from a procedure.
- Bring some music to listen to during your treatment.
- Try visualization. Focus on a relaxing scene from a favorite vacation spot and keep it in your “mind’s eye” during the visit.

Please talk to me about medications that are available to help create more relaxed, comfortable dental visits. The type of procedure, your overall health, history of allergies, and your anxiety level are considered when determining which approach is best for your particular case. *(continued on next page)*

Again, our number one goal is to provide you with gentle, quality dental care. Please feel free to contact us today at [\[office number\]](#) or [\[email address\]](#) to make an appointment.

Sincerely,

Dentist and Team

Community Water Fluoridation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As a dentist, my first concern is my patients' health. It's difficult to watch people suffer needlessly from cavities that could have been prevented by fluoride, a natural mineral commonly found in almost all water sources. I am writing to remind you of the benefits of fluoride and community water fluoridation, an important public health program that benefits all members of our community.

Many communities in the U.S. adjust the level of fluoride to the recommended level for optimal dental health. Drinking tap water with fluoride is safe and helps to prevent tooth decay and protect against cavities.

Community water fluoridation has helped dramatically reduce cavities, and the Centers for Disease Control and Prevention (CDC) named it one of 10 great public health achievements of the 20th century. Studies show that community water fluoridation prevents at least 25% of cavities in children and adults. Simply by drinking tap water, people can benefit from fluoridation's cavity protection.

More than 70 years of research and hundreds of studies tell us fluoride and water fluoridation is safe. Leading health organizations, including the American Dental Association, the CDC, and the

American Academy of Pediatric Dentistry support community water fluoridation.

Fluoride improves dental health and saves money in dental treatment costs. Together, we can make sure you and your family are getting enough fluoride to benefit your health.

I appreciate you taking the time to consider this very important issue. To research this topic further, please visit the American Dental Association's website, ADA.org/fluoride. I am available to answer any additional questions you may have.

Sincerely,

Dentist

Antibiotics and Dental Treatment: Pre-medication Guidelines

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

In preparation for your upcoming dental appointment, I wanted to tell you about the current recommendations for using antibiotics to pre-medicate. For most dental patients, the American Dental Association (ADA) does not recommend taking antibiotics before dental treatment. The American Heart Association (AHA) only recommends preventive antibiotics for people who would be in the most danger if they developed a heart infection. Most patients with heart conditions no longer need short-term antibiotics as a preventive measure before certain dental procedures, including teeth cleaning and extractions.

In the past, for people who had orthopedic or joint implants, like hip or knee replacements, metal plates or rods, it was recommended that they take preventive antibiotics. This is no longer the case for most patients. The risks of taking preventive antibiotics can outweigh the benefits for most patients. The risks include side effects from antibiotics, from mild stomach problems to severe diarrhea. The improper use of antibiotics can also lead to the development of drug-resistant bacteria.

Preventive antibiotics before a dental procedure are still advised for patients with:

- artificial heart valves
- a history of infective endocarditis
- a cardiac transplant that develops a problem in a heart valve
- certain specific, serious congenital (present from birth) heart conditions, including:
 - cyanotic congenital heart disease that is unrepaired or incompletely repaired, including those with palliative shunts and conduits
 - a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
 - any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device

If you have any of the conditions on the list, or if you are taking new or different medicine since your last dental appointment, please let me know as soon as possible because I may need to update your medical records.

If you have any questions, please feel free to contact my office at [\[office number\]](#) or [\[email address\]](#). I would also be happy to discuss this information with your personal physician if you wish. I look forward to seeing you soon.

Sincerely,

Dentist

Tobacco Cessation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I am writing you as a follow up to your recent dental visit. During our visit, you said you would like help to stop [*smoking/vaping/using tobacco*]. This is a very important step for your overall health. It's not an easy task, but I would like to help.

Tobacco in any form is bad for your health. Tobacco use has been linked to cancer, stroke, and heart disease, and it can cause serious harm to your mouth. Whether you smoke, vape, dip, or chew, tobacco is not good for you.

According to the Centers for Disease Control and Prevention, each year an estimated 480,000 people die from smoking or exposure to secondhand smoke. Another 16 million live with a serious illness caused by smoking.

Many people are turning to e-cigarettes and vaping devices because they believe they are a safer and healthier choice than traditional tobacco products. But, e-cigarettes are not harmless. Some of the same toxic and potentially harmful ingredients that are in cigarettes have also been found in the vapor of e-cigarettes.

Using tobacco also affects your oral health. Tobacco users have a higher risk of developing gum disease and oral cancer than

nonsmokers. Heavy smoking and alcohol use together put you at even greater risk of developing oral cancer.

Luckily, there are many resources for tobacco users who wish to quit. You can make daily changes to stop smoking. Over-the-counter and prescription medications and nicotine replacement therapies (like nicotine patches or gum) are some things that we can talk about. You can also speak to a tobacco cessation counselor for support, often available through free smoking cessation hotlines.

To get started now, here are a few tips you can do on your own:

- Set a date to quit and stick to it. Choose a “low stress” time to quit.
- Get the support of your family, friends, and coworkers.
- Get rid of tobacco and tobacco-related items from your home, office, and car.
- Look for tobacco-free environments and activities.
- Exercise—it’s hard to smoke when you are biking or playing basketball.
- When you want tobacco, remember the 4 Ds:
 - Delay—the craving will pass in 5 to 10 minutes.
 - Drink water—it will help to wash toxins from your body.
 - Do something else—distract yourself by being active.
 - Deep breathing—deep inhalations and exhalations are relaxing.
- Think about problems in advance and have a realistic plan to deal with them.

- Call 1.800.QUITNOW or go to www.smokefree.gov for help.

For more information, visit our practice website at [\[web address\]](#). Please feel free to contact our office at [\[office number\]](#) or [\[email address\]](#) to schedule an appointment or to discuss any concerns.

Sincerely,

Dentist

Elder Care

Date

Caregiver

Street Address

City, State Zip

Dear *Caregiver*:

I am writing you because of our conversation regarding *[patient name]*. I know being a caregiver can be overwhelming at times, so I wanted to offer my help when it comes to the health of the *[patient]*'s mouth. Keeping *[his/her]* mouth healthy is important to *[his/her]* overall health. We know that gum disease and other infections in the mouth can cause problems in other areas of the body or make existing problems worse. By working together, we can lower *[patient]*'s risk for decay and disease.

We can work together to develop a plan that will help you manage *[his/her]* oral health. This plan is especially helpful if there is more than one caregiver. The plan should cover:

- Instructions for brushing and cleaning between the teeth every day to prevent tooth decay and gum disease
- Denture care, including rinsing dentures after each meal and brushing them daily with denture cleaner
- Arranging for all products and supplies that are needed, like toothpaste with fluoride, between-the-teeth cleaners, and mouthrinse

- If the *[he/she]* has dry mouth, help *[him/her]* use an alcohol-free mouthrinse. Remind *[him/her]* to sip water, suck on ice chips, or use a humidifier to help stay hydrated, if needed.
- Make and keep dental appointments, including a dental examination at least twice each year
- Any other appropriate treatment choices

Bring the following to each dental appointment:

- An up-to-date list of medications including vitamin supplements, herbal remedies, and over-the-counter pain remedies
- An up-to-date list of medical conditions and allergies
- Contact information for other health care providers (doctors, etc.), emergency contact information
- Dental insurance or Medicaid cards
- Dentures or partial dentures (even if the patient is not wearing them)

To make an appointment or if you have any questions, please contact our office at *[office number]* or visit our practice website at *[web address]*.

Sincerely,

Dentist

Preparing to Travel Out of the Country

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Traveling out of the country is an exciting and eye-opening experience. Unfortunately, dental problems can occur when you least expect them. I want to make sure that you are prepared if a dental emergency arises when you are abroad, as well as give you some general travel tips for your oral health.

Before you go, I recommend that you schedule a checkup or appointment to take care of any outstanding issues, like decayed teeth, broken fillings, or any other dental problems. It is especially important to have your teeth cleaned if you have periodontal (gum) disease. Taking these steps can help avoid dental issues while you are traveling.

If you find yourself in need of dental care outside of the U.S.:

- Have your dentist's contact information available in your cell phone or keep a business card in your wallet. You may be able to resolve your issue over the phone, or confirm if you need more treatment.
- Try to get in touch with the local consulate or U.S. embassy for a recommended dentist in the area. If this isn't possible, ask

the concierge at the hotel for a recommendation for a dentist proficient in English.

- The dentist should wear clean exam gloves that have not been used on other patients and a mask. Dental instruments should be properly sterilized and other infection control procedures should be followed.
- Keep in mind that many insurance policies do not cover treatment outside of the U.S.

You may need to consider:

- What, if any, treatments will be covered by your insurance
- How payment is processed

Many countries also have dental associations that can provide referrals. The International Association for Medical Assistance to Travellers (IAMAT) maintains a network of medical personnel, hospitals and clinics around the world that have agreed to treat IAMAT members who need care. You can visit their website at www.iamat.org.

Please feel free to contact our office at [\[office number\]](#) or [\[email address\]](#) with any questions.

Sincerely,

Dentist

You May Be on Summer Vacation, but Your Oral Health Is Not

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Summer is a time for vacations, relaxing with friends and family, and carefree fun. While we want you to enjoy summer, we would also like to remind you to stick to healthy oral care habits.

Here are some tips to make sure that your oral health stays on track for the summer:

- Think about having a checkup before leaving on summer travel. We can catch any problems, and you will start summer with a smile that is clean and bright.
- Normal schedules and routines are often disrupted in the summer. Make sure you make time to brush two times a day and floss one time a day. This is especially true for kids, so parents may wish to check in with their children's oral health habits.
- If you are traveling, make sure you pack a toothbrush, fluoride toothpaste, and floss. If you are flying and taking carry-on luggage, make sure your toothpaste tube is 3 ounces or less to meet Transportation Security Administration (TSA) requirements.

- Sweet treats like ice cream and cold glasses of lemonade are a part of summer, but so are fresh fruits and vegetables. Make healthy choices for snacks and meals.
- Know what to do in case of a dental emergency while traveling. The ADA's "Find a Dentist" website at <https://findadentist.ADA.org> is a useful tool to find a dentist near you. A local hospital, a dental association or dental society, or your hotel concierge can also refer you to a dentist. When traveling abroad, a U.S. embassy or consulate may keep a list of local dentists on file.
- How does your toothbrush look? Use the season change as a reminder to replace toothbrushes that have worn or frayed bristles.

We wish you a summer that is fun, healthy, and safe, and thank you and your family for being valued patients. Please feel free to contact our office at [\[office number\]](#) or [\[email address\]](#) with any questions or to make an appointment.

Sincerely,

Dentist

HPV Vaccine Recommendation

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As a member of your healthcare team, I would like to inform you of the benefits of the human papillomavirus (HPV) vaccine. You may have already heard about the health risks of HPV and how it is the leading cause of oropharyngeal cancer. To greatly reduce the risk of HPV infection, the Centers for Disease Control and Prevention (CDC) recommends the HPV vaccine for many children and adults of different age groups.

Oropharyngeal cancer is a type of head and neck cancer that develops near the back of the mouth and throat. It can occur in the back of the tongue, the roof of the mouth, or the tonsils, and it can be hard to spot in these areas that are not easy to see. HPV causes about 70% of oropharyngeal cancer. The HPV vaccine is the best way to prevent HPV infections.

The HPV vaccine has been available since 2006, and, since that time, there has been a significant drop in HPV infections. Experts say the HPV vaccine could prevent nearly 90% of HPV-related cancers in the United States. The CDC reports that the vaccine is safe, with more than 100 million doses given in the United States since 2006. The American Dental Association and American Academy of Pediatric Dentistry both support and recommend the HPV vaccine.

The CDC routinely recommends the vaccine for:

- Children ages 11–12
- Males and females ages 15–26

The number of doses is typically two to three depending on the age at the initial vaccination.

[If permissible under your state dental practice act and is offered by your practice: We are able to offer the HPV vaccine in our office. We may recommend this vaccine to you or your child at the recommended age. We are happy to discuss your specific case and answer any questions you might have about the vaccine and HPV.]

[Though we don't currently offer the HPV vaccine in our office, we encourage you to speak with your physician about if the vaccine is right for you.]

I appreciate you taking the time to consider this issue. If you have any questions, please feel free to contact my office at *[office number]* or *[email address]*. I look forward to seeing you soon.

Sincerely,

Dentist

Sleep-related Breathing Disorders

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Are you getting a good night's sleep? Sleep-related breathing disorders affect millions of people in the U.S., many of whom don't even realize it. Many dentists are trained to recognize and treat signs of sleep-related breathing disorders.

Sleep-related breathing disorders are disruptions in normal breathing patterns and can be potentially serious medical conditions. Sleep-related breathing disorders can include sleep apnea, upper airway resistance syndrome, and snoring.

Some common signs of sleep-related breathing disorders are:

- Snoring most or every time you sleep
- Waking up feeling tired, with that tiredness lasting all day
- Having trouble concentrating or paying attention
- Falling asleep during the day
- Waking up with a headache or jaw pain
- Waking up with dry mouth or a sore throat

Sleep-related breathing disorders can affect people of all ages. If you experience any of the issues above, please inform me and your physician.

Treatments for sleep-related breathing disorders can include lifestyle changes, like losing weight and avoiding tobacco and alcohol, a continuous positive airway pressure (CPAP) device, or oral appliance therapy. I am happy to talk to you about these options and how our office can help.

If you have any questions or concerns about sleep-related breathing disorders, please feel free to contact my office at [\[office number\]](#) or [\[email address\]](#). I look forward to seeing you soon.

Sincerely,

Dentist

OceanofPDF.com

Chapter 9

Cosmetic Procedures

Cosmetic Dentistry

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Have you ever wondered about what you can do to improve your smile? You have probably heard about some popular cosmetic dentistry options, like teeth whitening and veneers. Maybe you haven't looked into it because you're not sure where to go, what choices you have, or even how long it would take to have a better smile.

I'd like to invite you to visit our office at [\[address\]](#) to learn more about what we can do to improve your smile. We'll talk about your dental care needs and go over the cosmetic choices that are available to make your smile even brighter. Our office offers a wide range of cosmetic dental treatments, including:

- Teeth whitening
- Veneers
- Braces or clear orthodontic aligners
- Enamel shaping
- Tooth-colored fillings

- Crowns

With help from our dental team, we believe that you can have a smile you feel great about.

We pride ourselves on our skill at enhancing the beauty of your smile, and are committed to providing comfortable and caring treatment. Please call us at [\[office number\]](#) or visit our website at [\[web address\]](#) if you have any questions or to arrange a consultation. We look forward to hearing from you.

Sincerely,

Dentist and Team

Adult Orthodontics

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Braces aren't just for kids. Whether you're six or 60, your smile and oral health are important parts of your life. If your teeth are crooked or your profile is uneven, you may feel self-conscious about your looks. This may even lead to other dental issues, like tooth decay or gum disease. Orthodontic treatment can improve your smile, dental health, and self-confidence.

Orthodontic treatment may have many benefits, such as:

- Improving your health by correcting bad bites and crooked teeth. It's easier to keep teeth and gums clean and prevent tooth decay and gum disease when your teeth are straight.
- Making chewing more comfortable. You may be less likely to eat certain nutritious foods if chewing is difficult or painful. A bad bite can also cause stress on the chewing muscles, which may cause pain or problems with the jaw joints.
- Lowering the risk of damaged teeth. Teeth that protrude or don't line up correctly are more easily chipped or fractured.

Many braces are less noticeable and more comfortable than those of the past. Brackets, the part of the braces that hold the wires, can be

metal, clear, or tooth-colored and are often used instead of large metal bands. Wires used today are also less noticeable and more comfortable than ever before. You also have the option of clear aligners. These aligners are discreet and removable. To see photos of different options, visit our practice website at [\[web address\]](#).

If you would like more information regarding braces or aligners, please contact our office at [\[office number\]](#) or [\[email address\]](#). Remember: it's never too late to improve your smile! Thank you again for choosing us as your dental provider.

Sincerely,

Dentist and Team

Tooth Whitening

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

A bright smile can stand out in a crowd and enhance your confidence. If you have tooth discoloration or feel that your smile isn't as white as you'd like, teeth whitening could be a great option for you.

Teeth can be discolored for many reasons. Discoloration can be caused by aging, tobacco, coffee, tea, soft drinks, wine, and other beverages and foods. As your dentist, I can offer you two choices for whitening:

In-office whitening is done in my dental office with professionally applied tooth whitening products only available to dentists. This method can be done in just one office visit and can usually give the whitest smile.

Home-use whiteners can be dispensed through my office for use at home. Your teeth will become whiter and whiter over several days or weeks.

The ADA recommends that you only use a bleaching product after talking with a dentist. This is especially important for patients with many fillings, crowns and dark stains. We need to examine your

teeth carefully to see if bleaching is the most effective treatment for you. Then we can plan your whitening treatment.

There is such a thing as too much whitening. Do not use whitening products for longer than the product directions or your dentist tells you. Overwhitening can cause severe discomfort to your teeth and gums.

If you would like to learn more about whitening your teeth, please contact our office today at [\[office number\]](#) or [\[email address\]](#). You can also see before and after pictures on our practice website at [\[web address\]](#). Thank you again for choosing us as your dental care provider!

Sincerely,

[Dentist and Team](#)

Veneers

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Many people choose to improve their smiles with veneers. A veneer is a thin covering placed over the visible part of the tooth. Veneers are specially made to make your teeth look natural and can correct many issues like chipped or worn teeth, discoloration and uneven spacing. Placing veneers requires just a few appointments.

[Optional:

There are two types of veneers, ceramic veneers and composite resin veneers. Here's a quick overview:

- *Ceramic veneers are extremely thin shells made of a strong ceramic. When needed, the dentist removes a small amount of enamel from the front and sides of the tooth. This makes room for the veneer and prevents the restored tooth from feeling or looking bulky or unnatural. Impressions are taken and sent to a dental lab that makes the veneers to fit your individual teeth. After completion, the veneers are bonded to teeth. The advantage of ceramic veneers is that they are strong and durable and their surface looks very natural.*
- *Composite resin veneers generally are done in one appointment. After the tooth is prepared and reshaped, the dentist carefully bonds and sculpts the composite material in a*

color that matches your other teeth. A special light is used to harden the composite. The veneer is smoothed and polished to look like a natural tooth. Composite resin veneers can require fewer visits to complete and are easier to repair if they get damaged.]

If you would like to learn more about how veneers can make a difference in your life, please contact us to set up an appointment at [\[office number\]](#) or [\[email address\]](#). You can also visit our practice website, [\[web address\]](#), to look at before and after photos. We are happy to discuss the best options for you. Thank you for choosing us as your dental care provider—we appreciate you!

Sincerely,

Dentist and Team

An Investment in Your Smile

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Maybe you have seen how cosmetic dentistry can make a big difference in people's appearance and self-esteem. But the cost of cosmetic procedures may seem out of reach for your budget. However, I think you should see your smile as an investment in your future. It's how you greet the world, and it's the first thing people notice about you.

So if you want to improve your appearance, why not invest in a fantastic smile the way you would in a few new outfits, an impressive suit, or a posh haircut at a fancy salon? Our office can work with you on payment options that fit your budget and timeline, so please come talk to us. We can talk about different options for your "dream smile" that will let us achieve this goal together.

Your investment will last for a long time and a fantastic smile never goes out of style, unlike that suit or hairstyle! Check out our practice website at [\[web address\]](#) to see some amazing before and after photos of cosmetic procedures like veneers and tooth whitening. For a free cosmetic consultation, please contact our office at [\[office number\]](#) or [\[email address\]](#) or mention it on your next office visit. We look forward to helping you achieve the smile of your dreams!

Sincerely,

Dentist and Team

OceanofPDF.com

Chapter 10

Dental Conditions

Bad Breath (Halitosis)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Halitosis, or bad breath, is an embarrassing problem that nearly everyone knows. Our office can help you get to the bottom of this problem and give you simple solutions to prevent bad breath.

Bad breath has many causes, such as:

- Odor-causing foods
- Tooth decay
- Periodontal (gum) disease
- Bacteria growing on the tongue
- Dry mouth
- Use of tobacco products
- Sinus or respiratory infections
- Some medical disorders or medications
- Improperly cleaned dentures

- Poor oral hygiene

Treatment may be easier than you think. We can help find the cause of bad breath and if it's due to an oral condition, we can set up a treatment plan to help get rid of this problem.

Here are some quick tips for preventing bad breath:

1. Have regular dental visits for a professional exam and cleaning.
2. Avoid constant use of breath mints and other hard candies containing sugar. They only temporarily hide bad breath and can lead to tooth decay.
3. Make a list of over-the-counter and prescribed medications that you take. Some may cause bad breath.
4. Look for oral hygiene products with the ADA Seal of Acceptance, a symbol of safety and effectiveness.
5. Brush twice a day and brush your tongue, too. Use floss or an interdental cleaner to clean between teeth once a day.
6. If you wear removable dentures, take them out at night. Clean them carefully before putting them back in your mouth the next morning.

If you feel you must always use a breath freshener or mouthwash to hide bad breath, see me so we can get to the root of the problem. Call our office at [\[office number\]](#) or visit our practice website at [\[web address\]](#) to schedule an appointment for an exam and cleaning. We are happy to help restore confidence in your oral health.

Sincerely,

Dentist and Team

Grinding Your Teeth (Bruxism)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Do you wake up with dull headaches or stiff, sore jaw muscles? Do you suffer often from toothaches, jaw clicking, or cracked teeth or fillings? If you have any of these symptoms, you may have a habit of grinding or clenching the teeth, also called bruxism. Many people are unaware they even do this because it often happens while they are sleeping. However, dental professionals can usually detect signs of wear on your teeth.

Stress and trouble sleeping are some things that may play a role in bruxism, but what is causing you to grind your teeth may not be known for sure. Teeth grinding can cause pain or loosen teeth. Patients can actually grind away parts of their teeth, leaving them with worn surfaces, fractured enamel, or damaged dental work. Bruxism can also cause jaw muscles to ache.

Luckily, treatment for bruxism and any damaged teeth is available. Options include reducing stress, exercises to relax jaw muscles, using a night guard while sleeping, or getting fillings or other dental treatment to repair damaged teeth.

If you think you might be grinding or clenching your teeth, schedule an appointment to talk with us about your symptoms and possible treatment plans at [\[office number\]](#) or [\[email address\]](#). You can also

look at the patient education section on our website at [\[web address\]](#) to learn more. As always, we look forward to providing you with outstanding dental care.

Sincerely,

Dentist and Team

Temporomandibular Disorders (TMD)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Have you ever felt clicking or popping in your jaw or pain when you talk or chew? Many people suffer from jaw, muscle, and joint disorders known as temporomandibular disorders (TMD) and may not even know it.

While it is not always possible to pinpoint the exact cause of TMD, in many cases it is due to arthritis, injury, tooth grinding, or stress.

Common symptoms include:

- Pain in or around the ear
- Tender jaw muscles
- Clicking or popping noises in the jaw
- Difficulty opening or closing your mouth
- Jaw joints that feel as if they are “locked” or “stuck”
- Pain when you yawn, chew, or open your mouth wide
- Headaches

As your dentist, I want you to know that there are ways to treat this condition based on your specific diagnosis. Treatment could include modifying the pain through relaxation techniques or wearing a special night guard to prevent the teeth from touching while you sleep.

If you have been experiencing any of these symptoms of TMD, please contact me at [\[office number\]](#) or [\[email address\]](#) or tell me during your next dental visit. You shouldn't have to live with chronic pain and, as always, our team is focused on caring for your needs.

Sincerely,

Dentist

Dry Mouth (Xerostomia)

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Many people suffer from dry mouth or xerostomia (zero-STOW-me-ah). This unpleasant condition is often caused by a low flow of saliva, which can be a side effect of prescription medications, certain diseases and treatments, and even emotional stress.

Saliva has many important functions in your mouth. It coats and moistens the oral tissues and cleans the mouth. If you don't make enough saliva, over a period of time, it can lead to tooth decay and other infections in the mouth.

If you experience dry mouth, it is especially important that you take good care of your teeth and gums to help prevent tooth decay and gum disease. Be sure to have regular dental checkups, brush two times a day, and floss one time a day. Other ways to help dry mouth include:

- Using sugar-free gum or candy to increase saliva flow
- Sipping water often
- Rinsing with alcohol-free oral rinses

- Keeping the air moist with a humidifier at your bedside or by your desk
- Avoiding alcohol and tobacco products

If you find dry mouth to be a problem, please make an appointment with us. We can help identify its source and give you a treatment plan. Please let us know about any prescription medications you are taking. Feel free to contact our office at [\[office number\]](#) or visit our website at [\[web address\]](#). We value you as a patient and want you to be as healthy as possible.

Sincerely,

Dentist and Team

Mouth and Throat Cancer

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

At every patient's visit, part of the exam includes checking for mouth and throat cancer. As recently as 2019, there were 53,000 new cases of mouth and throat cancer diagnosed. However, many people are unaware of the need for cancer screening and regular dental exams.

Cancer can affect any part of the mouth, including the lips, tongue, cheeks, and back of the mouth and throat. The risk of mouth and throat cancer increases with age. Using tobacco and alcohol together, as well as poor oral hygiene, also increase your risk.

Other factors may increase the risk for cancer as well. Current research shows that some types of human papillomavirus (HPV) can cause cancer in the back of the mouth or throat. HPV is very common—many people have the virus in their bodies and don't even know it. People who often spend long periods of time in the sun are at higher risk for lip cancer. A diet with too few fruits and vegetables may also increase the risk for cancer.

Symptoms of oral (mouth) cancer include:

- A sore or irritation that does not go away

- Red or white patches
- Pain, tenderness or numbness in the mouth or on the lips
- A lump, thickening, rough spot, crust, or small eroded area
- Difficulty chewing, swallowing, speaking, or moving the jaw or tongue
- A change in the way your teeth fit together when you close your mouth
- Loosening of the teeth

Signs of throat cancer include:

- A lump or growth in the throat or neck area
- A cough or sore throat that doesn't go away
- Trouble swallowing
- Hoarseness or other changes in your voice

Regular dental exams are important to maintain good health. During a dental checkup, we will do a detailed oral examination to detect cancer at an early stage when it is easier to treat. As part of your oral hygiene routine, you should also watch for changes in the soft tissues of your mouth. If you notice any changes or experience any of the symptoms above, please call us at [\[office number\]](#) or visit our website at [\[web address\]](#) to schedule an appointment. We want to help you recognize your risk factors and maintain your oral health for a long, happy life.

Sincerely,

Dentist and Team

Gum (Periodontal) Disease

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

You are probably aware that taking care of your gums is important. But, most people don't realize how common periodontal disease, also known as gum disease, is. According to the CDC, about 42% of adults over age 30 in the U.S. have some form of this disease, the leading cause of tooth loss in adults.

Periodontal disease happens when bacteria in plaque builds up and irritates the gum tissue, leading to inflammation and infection. The gums pull away from the bone and teeth lose support. In most cases, periodontal disease does not cause any pain and goes unnoticed. However, early detection and treatment are important for preventing damage that cannot be undone, such as tissue and bone loss.

The earliest stage of periodontal disease is called gingivitis. The gums become red, swollen and may bleed easily. At this stage, the disease is still reversible and can usually be treated by daily brushing, flossing, and regular professional dental cleanings. If left untreated, the condition can progress to periodontitis, a more serious form of the disease. Gum tissue and bone that support the teeth can become damaged or even destroyed. This may cause the teeth to become loose, fall out, or have to be removed by a dentist.

Some warning signs of periodontal disease may be:

- Gums that bleed when you brush or floss
- Red, swollen, puffy, or tender gums
- Gums that have pulled away from your teeth
- Bad breath that doesn't go away
- Pus between your teeth and gums
- Loose or separating teeth
- A change in the way your teeth fit together

You may notice one or more of these warning signs, or you may not notice any warning signs at all. Sometimes, the only way to know for sure is by getting regular dental checkups.

In addition to having regular dental checkups, it's important to brush and clean between your teeth daily to prevent gum disease. Please contact our office at [\[office number\]](#) or [\[email address\]](#) to schedule an appointment. You can also visit our website at [\[web address\]](#) for more information on periodontal disease. We'd like to help you keep your teeth and gums healthy for a lifetime.

Sincerely,

[Dentist and Team](#)

Sensitive Teeth

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Is eating ice cream or sipping a cup of hot coffee painful for you? Many adults suffer from uncomfortable sensitivity when they eat, drink, or touch their teeth. Fortunately, our office can help find the cause of this frustrating condition and offer simple and effective treatments.

Possible causes of tooth sensitivity may be:

- Tooth decay (cavities)
- Cracked or fractured teeth
- Worn fillings or tooth enamel
- Gum disease
- Exposed tooth root

If you have sensitive teeth, the first thing is to do is schedule a dental exam to find the cause. Next, we will talk about simple ways you can reduce this discomfort at home, like using a desensitizing toothpaste. If you have an underlying condition that might be causing the

sensitivity, we can talk about some in-office options to address clinical problems that might cause sensitivity.

Also keep in mind that good oral hygiene can be the key to managing tooth sensitivity. Brush correctly and be careful not to over brush or use hard-bristled toothbrushes.

Please contact our office at [\[office number\]](#) or [\[email address\]](#) to discuss ways to put an end to this problem, or to ask us any questions about how to keep your gums and teeth healthy. As always, we appreciate you choosing [\[practice name\]](#) as your dental care provider.

Sincerely,

[Dentist and Team](#)

Diabetes and Your Oral Health

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

As you know, diabetes is a medical condition that affects the entire body, including your oral health. This letter is to remind you about how diabetes may affect your teeth, gums, and overall health of your mouth and give you some ways to manage these effects.

People with diabetes can be more likely to have gum disease. Some early signs of gum disease are gums that bleed easily, puffy or swollen gums, or gums that have pulled away from the teeth. Without treatment, the disease can lead to loss of the bone that holds the teeth in place and lost teeth. Gum disease is often more frequent and more severe in older adults with diabetes, especially if they smoke. People with diabetes who have poor blood sugar control are more likely to lose teeth than those with good control. People with diabetes can also experience delayed healing after surgery.

A less common problem is thrush (oral candidiasis). Thrush is a fungal infection that appears more often in people with diabetes. It causes white or red patches in the mouth that may be sore or may become ulcers. It may also cause a painful, burning sensation on your tongue. If necessary, an antifungal medication can be prescribed to treat thrush. You can help avoid thrush by practicing good oral hygiene.

Good oral hygiene reduces the risk of gum disease and thrush, as well as tooth decay. Brush two times a day with a fluoride toothpaste and clean between your teeth once a day using floss or another between-the-teeth cleaner. Choose oral care products that have the ADA Seal of Acceptance. You should also have regular professional exams and cleanings.

We at [\[practice name\]](#) are well aware that your oral health is a critical part of your overall health, and we want to give you the best care possible. You can visit the practice website at [\[web address\]](#) for more information about how diabetes affects oral health. Also, please feel free to contact my office with any questions or concerns at [\[office number\]](#) or [\[email address\]](#).

Sincerely,

Dentist

Stress and Your Oral Health

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Meeting the needs of our family, work, and social lives can be stressful. Our bodies react to stress in many ways, but we may not be aware of how stress affects our dental health. I would like to share some ways that our bodies may respond to stress from an oral health point of view, and also ways to calm our bodies and minds.

The habit of grinding or clenching your teeth, usually while you're sleeping, is called bruxism. It may be caused by stress. Symptoms include headaches, a sore jaw, frequent toothaches, and damage to teeth or dental work.

If you find yourself feeling stressed, try these simple tips:

- Always make time for brushing and flossing. These three to five minutes are enough time to do something positive to improve and maintain your health.
- Keep regular dental appointments so that we can take care of any teeth damaged from clenching or grinding, or prescribe a night guard or bite plate to prevent further damage.
- Practice relaxation techniques, such as meditation, deep breathing, or yoga, to control tension. Visualize a beautiful,

relaxing spot like the beach.

- Exercise. Going for a run or a bike ride can help reduce your stress level.

We want you to be relaxed and healthy. Please feel free to contact us with any questions or to make an appointment at [\[office number\]](#) or [\[email address\]](#). You can also visit our website, [\[web address\]](#), for more information.

Sincerely,

Dentist and Team

Cancer Treatment and Your Oral Health

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

I understand that you are going through a trying time, and send you the best wishes for a complete recovery from all of us at [[dental practice](#)]. While I realize that you have a lot on your mind, I would like to take a moment and talk about how cancer treatments can affect your oral health.

Try to make a dental appointment before you begin your treatment, if possible. Ideally, we would make this appointment for one month before your treatment starts. I can examine your mouth and treat any existing issues or problems before you start your cancer treatment.

During your cancer treatment, follow these tips to help keep your good oral health:

- Gently brush your teeth, gums, and tongue using a toothbrush with extra-soft bristles, along with fluoride toothpaste, two times a day. If brushing hurts, first soften the bristles in warm water.
- Gently clean between your teeth once a day with floss or another between-the-teeth cleaner. Avoid areas where gums are sore or bleeding.
- Avoid mouthwashes with alcohol.

- Avoid candy, gum, and soda unless they are sugar-free. Cancer treatment may make your mouth dry and less able to rinse out sugars.
- Avoid spicy, sour, crunchy, and acidic foods; toothpicks; tobacco products; and alcohol.
- Rinse often with 1/4 teaspoon baking soda and 1/4 teaspoon of salt in one quart of warm water. Do not swallow this mixture.
- Keep your scheduled dental appointments.

If you have questions regarding dental hygiene, medications, or dental side effects from your cancer treatment, please do not hesitate to contact me at [\[office number\]](#) or [\[email address\]](#).

Sincerely,

Dentist and Team

OceanofPDF.com

Chapter 11

Restorative Procedures

Dental Implants

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Here at *[practice name]*, we try to keep our patients' smiles looking happy and healthy. Dental implants have become a common replacement for missing teeth and look more natural than ever. Whether you have a full or a partial denture or have lost a single tooth, an implant may be the solution for you.

Dental implants are posts that are surgically placed in the upper or lower jawbone. The implants act as an anchor for replacement teeth or dentures. During the healing process, the bone grows around the implant and holds it in place. Implants are stable and secure and won't slip or shift in your mouth, which is important for eating and speaking. They feel more natural than removable partial or conventional complete dentures. They can be a great option for people in good general health with enough jawbone to support the implant.

Implants can be used to support many different types of tooth replacements, with options including a single tooth implant, implant-supported bridges, and implant-supported dentures. A single tooth implant replaces the missing tooth's roots and stands alone. An implant-supported bridge is used when several teeth are missing. It replaces the lost natural teeth and some of the tooth roots. If you are missing all of your teeth, implant-supported dentures may be an

option for you. These dentures replace all the teeth and some of the tooth roots, and allow you to bite and chew more naturally.

A beautiful smile can do wonders for your confidence. We'd be happy to discuss with you whether implants are right for you. Please contact our office at [\[office number\]](#) or [\[email\]](#) to arrange a visit. You can also take a look at some before and after pictures on our website at [\[web address\]](#). As always, thank you for being our valued patient.

Sincerely,

Dentist and Team

Three Tooth Replacement Options

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Missing one or more teeth can be a burden. It can make it harder to chew or speak comfortably, and may even lead to jaw pain. Luckily, there are several options to replace missing teeth to help give you a comfortable and healthy smile. I would like to tell you about three choices for replacing missing teeth so that we can work together to make the decision easier, and find which is best for you.

The first option is implants. Implants are posts that are inserted surgically into the jaw where they serve as an anchor for replacement teeth. During the healing process, the bone grows around the implant and holds it in place in your jaw where it is stable and comfortable. A crown that looks and feels like a natural tooth is then placed on top of the implant post.

Another option is a fixed bridge. A fixed bridge is a type of restoration that fills the space where one or more teeth have been lost. The bridge attaches to the teeth on either side of the missing tooth. It is permanently bonded or cemented into place and “bridges” the gap where the missing tooth was. Only a dentist can remove a fixed bridge.

The third choice is a removable partial denture, which usually has replacement teeth fixed to a metal or plastic base that matches the

color of your gums. A removable partial denture can be taken out of the mouth for cleaning. Although removable partial dentures may be less expensive, fixed bridges may feel more stable and comfortable.

Please contact our office at [\[office number\]](#) or [\[email\]](#) to make an appointment. You can also visit our practice website at [\[web address\]](#) for more information on tooth replacement options and to look at some before and after pictures. As always, it is a pleasure to provide you with quality dental care.

Sincerely,

Dentist and Team

Caring for Your Dentures

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It was a pleasure to see you at your last appointment. I hope that you are enjoying your new dentures and that they look and feel great. As a follow-up, I wanted to give you some tips on how to care for your new dentures:

- Remember to take out the dentures at bedtime and put them back in when you wake up. Do not wear dentures around the clock, because tissues that are covered with denture material all the time can become irritated.
- Dentures are very delicate and can break if dropped even a few inches onto a hard surface. Be sure to handle them with care. When putting in or taking out your dentures, stand over a folded towel or a sink filled with water.
- When you are not wearing them, keep your dentures plain water or a dental soaking solution. Never soak dentures in hot water or apply denture cleansers while dentures are still in the mouth. Don't let your dentures dry out or they might lose their shape. If I recommended that you use a denture soaking solution, look for one that displays the ADA Seal of Acceptance, a symbol of safety and effectiveness.

- Daily brushing will help remove food deposits and plaque and help prevent stains. Avoid hard-bristled toothbrushes that can damage your dentures. A toothbrush made specifically for denture cleaning is best, but a soft-bristled toothbrush can also be used. Moisten the brush and apply the cleanser that I have recommended and gently brush every surface of the denture. Do not use toothpaste to clean your denture.
- Be sure to keep your dentures away from curious children or pets.

Now that you've been fitted with your dentures, it is important to have regular visits with us to make sure that they continue to fit. I look forward to seeing you at your follow-up visit on [\[date\]](#). If you have any questions, please do not hesitate to contact our office at [\[office phone\]](#) or [\[email\]](#).

Sincerely,

Dentist and Team

Crowns

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

It was great to see you at your recent appointment. I am glad we had the chance to talk about some ways to improve your smile. As we discussed, crowns may be a way to restore your teeth and give you your best possible smile.

A crown is a cover or “cap” for your tooth. It gives your tooth back its shape, size, and function. Crowns can be used to:

- Cover a discolored or badly shaped tooth
- Replace a missing tooth if you need a bridge
- Treat a cavity that is too large for a filling
- Restore a dental implant
- Protect a tooth after a root canal
- Strengthen a tooth that is cracked or worn down

Crowns can be made of many different materials, such as metal alloys, ceramics, porcelain, composite resin, or combinations of these materials.

A crown is made in several steps, and will probably require two dental visits. First, I prepare your tooth by removing its outer portion so the crown will fit. Then, I make an impression so I'll have a model for the crown. The model is sent to a lab to make your permanent crown. You will get a temporary crown while the permanent one is being made. When the new crown is made, I will place it in your mouth and adjust it so it fits well. Then I will cement it into place.

You probably have other questions about this process, and I am happy to answer them. Please feel free to contact me at [\[office number\]](#) or [\[email\]](#) to set up a consultation. You can also visit our practice website at [\[web address\]](#) to look at some before and after pictures. I look forward to hearing from you, and thanks again for choosing [\[practice name\]](#) as your dental care provider.

Sincerely,

Dentist and Team

Tooth Extraction

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Thank you for your recent visit to *[practice name]*. I know that you may have questions about your upcoming tooth extraction (removal), so I wanted to explain the extraction process and give you some instructions for after the extraction.

Before we extract the tooth, we will numb the area so you will be comfortable. Your mouth will be numb for a few hours after the extraction, so be careful not to bite your cheek, lip, or tongue.

After the extraction, you may have some bleeding. I will pack the extraction site with gauze to help stop the bleeding and so a blood clot can form, which is necessary for normal healing. Your bone will heal through the formation of the blood clot. If the blood clot does not form and heavy bleeding continues, you should call me immediately so that I can place a dressing in the socket and reduce any discomfort. Avoid disturbing the clot at the extraction site. Do not suck it or touch it. Minor bleeding is normal, but heavy bleeding is not. If you have heavy bleeding, call me as soon as possible.

You should avoid the following activities for 24 hours after the extraction:

- Smoking or using other tobacco products

- Rinsing your mouth vigorously
- Drinking through a straw
- Alcohol (including mouthwash that has alcohol)
- Sucking on popsicles, candy, lollipops, etc.
- Strenuous activity like exercising or lifting heavy objects

You may carefully brush and floss your teeth except for the ones next to the healing tooth socket. After 24 hours, you can clean the teeth next to the healing tooth socket. You may also gently rinse your mouth with half a teaspoon of salt in an eight-ounce glass of warm water. If I prescribed any medication, use it only as directed. You can also eat soft, healthy foods and drink lots of liquids. If you have stitches that must be removed, we will schedule a follow-up appointment.

Call me right away if you experience fever, nausea or vomiting, severe pain or swelling, or pain that gets worse with time instead of better.

If you have any other questions about your extraction, I am happy to answer them. Please contact me at [\[office number\]](#) or [\[email\]](#). We look forward to providing you with gentle dental care, and thanks again for choosing [\[practice name\]](#) as your dental care provider.

Sincerely,

[Dentist and Team](#)

Root Canal

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Thank you for your recent visit to *[practice name]*. I know that you may have questions about your upcoming root canal. I want to explain what happens when you get a root canal, so you know what to expect.

Inside your tooth, there is soft, living tissue that contains blood vessels and nerves. This tissue is called the pulp. When the pulp becomes infected or inflamed, treatment is necessary. Common causes of pulp inflammation or disease include a cracked tooth, deep cavity, problems with a large filling, or injury to the tooth. In the past, in cases like these, the dentist would usually pull the tooth. Luckily, we are now able to save the tooth with a root canal before the damage becomes too severe.

A root canal treatment may take more than one dental visit. First, I will numb your tooth. Then I will make an opening through the top of the tooth into the pulp chamber. I will remove the injured pulp and clean and shape the root canal. Next, the root canal is filled with a rubber-like material. Finally, I will restore the tooth with a filling or a crown so it is stronger and looks nicer.

A tooth with a root canal filling can last several years. However, like your other teeth, daily cleaning and regular dental visits can keep

your teeth healthy.

Your dental health is important to us, and we look forward to helping you improve your smile. Please feel free to contact me at [\[office number\]](#) or [\[email\]](#) with any questions. You can also visit our practice website at [\[web address\]](#) for more information. Thanks again for choosing [\[practice name\]](#) as your dental care provider.

Sincerely,

Dentist and Team

OceanofPDF.com

Chapter 12

Letters to Vendor

Requesting a Safety Data Sheet (SDS)

Date

Name

Street Address

City, State Zip

Dear *Name*:

I purchased *[purchase]* on *[date]* from *[company]*. I took delivery of the product on *[date]* but I did not receive a Safety Data Sheet (SDS) with my order.

Please send me the appropriate SDS immediately to support my compliance with OSHA regulations regarding training my employees. As you can understand, this is very important to my practice and I appreciate your prompt response. You can contact me at *[office number]* with any questions. My address is *[address]* and my email address is *[email address]*. Thank you for your cooperation.

Sincerely,

Dentist

Information and Thank You to Dental Laboratory

Date

Name

Street Address

City, State Zip

Dear *Name*:

Thank you for your outstanding work on the *[type of lab work]* for our patient, *[patient's name]*. Your attention to detail is greatly appreciated by our dental practice and by our patient. Our dental practice focuses on delivering great customer service, and you are helping us achieve our goals with your craftsmanship and timeliness.

A new work order is enclosed with impressions/models. Please contact us if you have any questions at *[office number]* or *[email address]*.

Sincerely,

Dentist

Enclosures: Work order
Treatment plan
Impressions/Models

Dissatisfaction with Supplies and Equipment

Date

Name

Street Address

City, State Zip

Dear *Name*:

Upon receipt of *[equipment]* (item number *[number]*) from your company, we noticed that the equipment was faulty. The problem is *[describe problem here]*. We request that you pick up this product and replace it as soon as possible.

Considering that we've ordered from your company before with excellent results, we were very disappointed to have to deal with this issue. This is especially inconvenient since we need *[equipment]* for our dental practice's daily operations. Please contact us as soon as possible at *[office number]* or *[email address]*. Thank you for your prompt attention to this matter.

Sincerely,

Dentist

Product or Service Not Ordered

Date

Vendor Name

Street Address

City, State Zip

To Whom It May Concern:

My office recently received your *[describe product or service]*. I did not order this and I am not interested in receiving any additional *[product or service]* in the future. Since this was not ordered, the attached invoice will not be paid. Please remove my name and practice name from your mailing list.

I look forward to your reply and a prompt resolution of this matter, and trust that it will not be necessary to seek help from a consumer protection agency or the Better Business Bureau. Should you have any questions, please feel free to contact my office at *[office number]* or *[email address]*.

Sincerely,

Dentist

Enclosure: Invoice

Business Associate Agreement (HIPAA) Letter

Date

Name

Company Name

Street Address

City, State Zip

Dear Name:

I am looking forward to beginning our new business relationship. I am sure you are aware that our dental office is a HIPAA covered entity. As such, we are legally obligated to uphold the privacy and security of our patients' protected health information. In accordance with requirements of the HIPAA Privacy, Security, and Breach Notification Rules, we may permit a business associate to create, receive, maintain, or transmit protected health information on our behalf.

However, this is permissible only if we obtain *satisfactory assurances* that your company will appropriately safeguard such information in accordance with the standards regarding business associates under HIPAA. To that end, we have enclosed a proposed Business Associate Agreement (BAA) for your review and signature. By signing the BAA, we will receive the necessary "satisfactory assurances" that you will comply with the relevant HIPAA privacy, security, and breach notification standards.

Please note that HIPAA requires business associates to implement applicable HIPAA Privacy, Security, and Breach Notification requirements or face the same civil monetary penalties as covered

entities. These can be as high as \$1.5 million for all violations of a single provision of HIPAA within a calendar year.

The following are examples of provisions of the BAA that reflect HIPAA requirements:

- The business associate must not use or disclose protected health information other than as permitted or required by the BAA or as required by law
- The business associate must use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information, to prevent use or disclosure of the information other than as provided for by this BAA
- The business associate must ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions and conditions that apply to the business associate with respect to such information
- The business associate must report to the covered entity any security incident of which it becomes aware, including breaches of unsecured protected health information as required by the HIPAA Breach Notification Rule
- The business associate must make its policies and procedures, and other documentation required by HIPAA, available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining the covered entity's compliance
- The BAA must authorize termination of the contract by the covered entity if the covered entity determines that the business associate has violated a material term of the contract

- The BAA must require that, upon termination, the business associate return or destroy all protected health information received from, or created or received by the business associate on behalf of, the covered entity, if feasible; if not feasible, the business associate must extend the protections of the BAA to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible

Enclosed is the BAA. If you have any questions, please call my office at *[office number]*.

Sincerely,

Dentist

Enclosure: Business Associate Agreement

Notes:

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Chapter 13

Referral Letters

Update Non-Dental Referral Sources on New Techniques

Date

Referral Source

Street Address

City, State Zip

Dear *Referral Source*:

Over the years, you've been a wonderful source of referrals to our practice. We truly appreciate the patients you refer, and want to reaffirm our commitment to working with you to provide patients with excellent dental care and warm personal attention. I'd like to tell you about some new services we're offering in our office.

Our office has recently updated our practice to include CAD/CAM technology. CAD and CAM stand for "computer-aided design" and "computer-aided manufacturing." This technology allows us to provide patients with dental restorations, including inlays, onlays, crowns, and bridges in one dental visit. With this technology, I can design the size and shape of a tooth restoration on a computer. A machine then makes or "mills" a restoration based on my design out of blocks of ceramic or composite resin that match the color of the tooth being restored. Not only does this save the patient time, but in most cases it also means fewer injections and less drilling.

We are glad to offer these new services and will continue to keep you informed about our in-office procedures. Be sure to visit our website at [\[web address\]](#) to see the latest practice news and oral

healthcare tips. Please don't hesitate to contact me at [\[office number\]](#) or [\[email address\]](#) if you have any questions.

Sincerely,

Dentist

Thank You to Physician for Referral (1)

Date

Referring Physician

Street Address

City State Zip

Dear *Referring Physician*:

This is just a word of appreciation for referring *[patient]* to me. *[He/She]* will receive the best possible treatment in our professional and caring office.

Thank you for your confidence in our practice. Please don't hesitate to contact me at *[office number]* or *[email address]* if I can be of assistance to you.

Sincerely,

Dentist

Thank You to Physician for Referral (2)*

Date

Referring Physician

Street Address

City State Zip

Dear *Referring Physician*:

Thank you for referring *[patient]* to my practice for dental treatment. The professional confidence you have shown in our dental team is certainly appreciated.

Our practice philosophy is based on providing the highest quality dental care possible. We strive to give all our patients the attention they deserve while making their dental treatment pleasant and comfortable. We plan to begin treating this patient on *[date]*. Please let me know if the patient's medical condition indicates special care during dental procedures. You can reach me at *[office number]* or via email at *[email address]*.

We look forward to working with you to protect the dental health and physical well-being of *[patient]*. Thanks again for the referral!

Sincerely,

Dentist

* Please note that before patient information can be shared with a referring dentist or physician, HIPAA privacy rules must be followed.

Post-visit Thank You to Patient/Referral Encouragement

Date

Patient Name

Street Address

City, State Zip

Dear *Patient*:

It was so nice to see you at your dental appointment. I would like to take the time to let you know that we appreciate wonderful patients like you.

We know that great patients surround themselves with fantastic people. If you are happy with your experience at *[practice name]*, we would love if you could recommend our practice to your friends and family. The next time someone compliments you on your amazing smile, feel free to give them one of the enclosed business cards so they can talk to us regarding possible smile enhancements. You can also refer them to our website, *[web address]*, to learn more about our practice or to make an appointment.

Thanks again for choosing us as your dental care provider. Having patients like you makes our job so much easier—and a lot more fun! Feel free to contact us if you have any comments or questions at *[office phone]* or *[email address]*.

Sincerely,

Dentist and Team

Thank You to Patient for Referral

Date

Referring Patient

Street Address

City, State Zip

Dear *Referring Patient*:

I wanted to send you a word of thanks for referring *[patient]* to our office for dental care. The confidence you show by referring your family and friends really makes our team feel appreciated. We will do everything possible to provide *[patient]* with the highest quality of dentistry.

Thank you again for your referral! We look forward to providing outstanding dental care to you, your family, and friends for years to come.

Sincerely,

Dentist

Referral to Specialist on Patient's Behalf

Date

Specialist

Street Address

City, State Zip

Dear *Specialist*:

Because I have great confidence in your professional skills and judgment as a *[position]*, I have referred *[patient]* to you for *[treatment]* consultation.

Enclosed you will find a treatment summary and images for *[patient]* from *[date]* which *[he/she]* has authorized me to send. It describes the dental treatment and hygiene instruction *[patient]* has received in our practice, as well as an overview of the condition for which we are referring the patient. We have also enclosed the restorative treatment plan.

In a spirit of professional partnership, we can work together to restore *[patient]* to optimal dental health. It is important that we keep each other informed as to *[patient]*'s progress. I would like to request a telephone call or follow-up report after your initial visit to allow us to best plan *[patient]*'s care.

Sincerely,

Dentist

Enclosures: Copy of patient's consent form
Treatment summary

Images
Planned treatment

Specialist Recommendation/Referral – Letter to Patient

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Per our conversation during your last visit, I am recommending that you see Dr. *[name]*, a *[type of specialist]* for treatment of *[condition]*. With your permission, I have spoken with Dr. *[name]* and explained to *[him/her]* your oral care to date. In addition, I have forwarded your x-rays and other information about your dental condition to Dr. *[name]*. *[He/She]* has extensive experience in treating *[condition]* and is a caring, committed professional.

Dr. *[name]* is located at *[address]*. *[His/Her]* staff is also friendly and knowledgeable. When your treatment is completed, please call our dental office so that we can provide your continuing care visits.

If you have any questions regarding your treatment or Dr. *[name]*, please give me a call at *[office number]*. Take care and please keep us posted on your progress!

Sincerely,

Dentist

Follow-up on Referral – Letter to Patient

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Last month, I referred you to Dr. *[name]* for treatment of *[condition]*. I just heard the good news from Dr. *[name]* that your treatment with *[him/her]* is completed and that everything has gone well. I hope that you had a positive experience.

Now that treatment with Dr. *[name]* is done, we will finish your treatment at our office. Please give us a call at *[office number]* to schedule an appointment. I look forward to seeing you soon!

Sincerely,

Dentist

Physician Consult

Date

Physician

Street Address

City, State Zip

Dear *Physician*:

I will be performing a dental procedure on *[patient]* on *[date]*. Because I recognize the impact general health conditions may have on the efficacy and safety of this treatment, I hope to work closely with you to ensure the best outcome of this procedure and *[patient]*'s well-being.

As you may be aware, this treatment is invasive. General anesthesia or conscious sedation may be required for pain and anxiety control. Given that *[patient]* has a history of *[medical condition]*, I welcome any suggestions you might have to treat *[patient]* without adversely affecting *[him/her]*.

With *[patient]*'s consent, I am requesting your input on any existing medical conditions that could have an impact on this treatment or any special precautions that should be taken prior to, during, or following this procedure. I enclose a copy of *[patient]*'s consent form for your reference. Please contact me at *[office number]* or via email at *[email address]* if there is anything I should know about *[patient]*'s general health and any recommendations you may have.

Thank you again for your cooperation.

Sincerely,

Dentist

Enclosure: Copy of patient's consent form

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Chapter 14

Patient Forms

Dentist Request for Patient Records

Date

Dentist with Records

Street Address

City, State Zip

Dear *Dentist with Records*:

A patient, *[patient's name]*, has visited me for dental treatment. The patient has requested that I contact you and arrange to receive a copy of *[his/her]* dental records and x-rays. A HIPAA authorization form signed by *[patient]* authorizing this transfer is enclosed. Also enclosed is a signed request from the patient to provide me with a copy of *[his/her]* records.

Thank you in advance for your attention to this matter.

Sincerely,

Requesting Dentist

Enclosures: HIPAA Authorization Form
Patient Request Form

Patient Request for Transfer of Records

Date

Dentist with Records

Street Address

City, State Zip

Dear *Dentist with Records*:

I, *[patient name]*, request that a copy of my dental records be sent to the following dental office as soon as possible:

New Practice Name

Address

City, State Zip

Please feel free to contact me or Dr. *[name]* at *[office number]* if you have any questions.

Patient Signature

Date

Printed Name

Patient's Personal Representative's Request for Transfer of Records

Date

Dentist with Records

Street Address

City, State Zip

Dear *Dentist with Records*:

I, *[personal representative's name]*, request that a copy of the dental records of *[patient's name]* be sent to the following dental office as soon as possible:

New Practice Name

Address

City, State Zip

Please feel free to contact me or Dr. *[Name]* at *[office number]* if you have any questions.

Personal Representative's Signature

Date

Printed Name

Relationship to Patient: _____

School Excuse

Date

School Administrator

School

Street Address

City, State Zip

Dear School Administrator:

Please excuse the absence of *[student name]* from school. *[She/He]* had a dental appointment at my office on *[date and time]*. Should you require additional information, please do not hesitate to contact me at *[office phone]* or via email at *[email address]*.

Sincerely,

Dentist

Work Excuse

Date

Supervisor

Company

Street Address

City, State Zip

Dear *Supervisor*:

Please excuse the absence of *[employee name]* from work. *[She/He]* had a dental appointment at my office on *[date and time]*. Should you require additional information, please do not hesitate to contact me at *[office phone]* or via email at *[email address]*.

Sincerely,

Dentist

Pre-surgical Authorization/Dental Contraindications

Date

Dr. Name

Hospital

Address

City, State Zip

Dear Dr. *Name*:

I have examined *[patient name]* on *[date]* and find *[him/her]* to be in good oral health. There are no dental contraindications to *[type of surgery]*.

OR

I have examined *[patient name]* on *[date]* and am unable to authorize *[him/her]* for *[type of surgery]* due to the following dental contraindications:

[Describe dental contraindications here.]

I anticipate that it will take *[number]* weeks to address these conditions. Should you have further questions, please do not hesitate to contact me at *[office phone]* or via email at *[email address]*.

Sincerely,

Dentist

Treatment Plan Agreement Form

Dr. *[dentist name]* has proposed the following treatment plan. This treatment plan is proposed to help address the following condition[s]:

[Insert conditions here.]

[Insert treatment plan here.]

- I understand that the treatment will begin on *[date]* and will require approximately *[number of appointments or amount of time]*.
- I will follow any pre-treatment instructions provided by the dentist and dental team to the best of my ability. If I have questions or need clarification, it is my responsibility to ask for this information.
- I will follow the dentist's and dental team's post-treatment instructions to the best of my ability. If I have questions or need clarification, it is my responsibility to ask for this information.
- It is my responsibility to keep any follow-up appointments as part of treatment because follow-up appointments are very important to the success of my treatment.
- It is my responsibility to report any adverse reactions to treatment to the dentist as soon as possible so the dentist can help me.
- I understand that as the dentist proceeds with treatment it may be necessary to change or adjust the course of

treatment. If there are any changes in the treatment plan, Dr. *[dentist name]* will provide me with the information and options I need to make an informed decision.

- I understand that payment is due at the time of treatment. The dentist will provide a cost estimate before treatment begins. It is my responsibility to determine how much of the cost is covered by my dental benefits plan. The office staff will be available to assist with helping me determine this.
- If for some reason my dental benefits plan does not cover the amount estimated, I am responsible for paying the difference in cost.
- If I am unable to cover the entire cost of treatment at the time of service, I can work with the office staff to make a payment installment plan or explore other options such as a healthcare credit card. The practice payment plan is as follows:

o *[Insert payment plan here.]*

Dentist Signature	Date
-------------------	------

Patient Signature	Date
-------------------	------

Patient Printed Name

For Office Use Only

Copy of signed form provided to the individual:

Date: _____

Initials: _____

Refusal of Treatment Form

Date: _____

Patient
Name: _____

[Dentist name] has recommended the following treatment plan for *[patient name]*:

[Insert treatment plan here.]

As a patient, *[patient name]* has the right to make their own health decisions. I have provided *[patient name]* with the relevant clinical and financial information so that they can make an informed decision on whether or not to proceed with this treatment.

This form is to document that *[patient name]* has refused to proceed with the treatment plan recommended by *[dentist name]*.

Dentist Signature

Date

Patient Signature

Date

Patient Printed Name

For Office Use Only

Copy of signed authorization provided to the individual:

Date: _____

Initials: _____

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Chapter 15

Marketing and Promotional Letters

New Residents of the Area

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Welcome to the neighborhood from *[dental practice name]*! We know how overwhelming it can be to move to a new area and would like to help make this transition easier for you. *[Dental practice name]* has been serving the *[town name]* community for *[number]* years and we look forward to meeting you to discuss you and your family's dental care needs.

Our office is located at *[address]* in the heart of downtown *[town]*, conveniently near public transportation and other amenities.



We want you to know that we are committed to providing our patients with high quality oral health care. If you are interested in scheduling an appointment or have further questions, please contact our office at *[office number]* or *[email address]*. You can also visit our

practice website to make an appointment or learn more about our practice at [\[web address\]](#).

Please let us know if you'd like us to contact your previous dentist to transfer your records at your request or if we can be of help in any other way. We hope to meet you in person soon!

Sincerely,

Dentist

School Presentation/Visit

Date

Principal's/Teacher's Name

School Name

Street Address

City State Zip

Dear *Principal/Teacher*:

I am writing to discuss the opportunity to speak to *[school name]* students. Many children are not able to visit a dental professional for regular dental visits, which can result in incorrect or poor oral hygiene habits. My mission is to teach students these important, smile-saving skills.

My presentation is fun, interactive, and age appropriate. For younger students, I demonstrate the basics of brushing and flossing in hopes of creating lifelong healthy habits. With the older students, I also discuss how vaping, chewing tobacco, smoking, and mouth jewelry can affect oral health.

I also provide handouts showing basic brushing and flossing techniques. Your students can take these instructions home and share them with their parents. Parents are welcome to attend my presentation so they can reinforce good oral hygiene at home. I usually speak for about *[number]* minutes and answer questions at the end of the presentation. If you have a specific length request, I will be happy to tailor my presentation to your needs.

The childhood and teenage years are crucial to a developing smile, and lessons on proper brushing and flossing should be repeated early and often. I will contact you early next week *[or alternate date]* to arrange a time and date to visit *[school name]*. Please feel free to call me at *[office number]*. Thank you again for your time and I look forward to speaking with you soon.

Sincerely,

Dentist

Take Home Letter for Parents after Children's School/Community Presentation

Date

Dear *Parent*:

Please allow me to introduce myself. My name is Dr. *[name]*, and I am from *[practice name]*. Today I visited *[school name/community group]*, and talked about good oral health.

During my presentation, we talked about the importance of brushing and flossing. Then I showed the kids how to brush and floss correctly. I also gave them a worksheet to share with you. The worksheet has directions on brushing and flossing. Please go over them with your child and make sure that he or she is brushing two times a day and flossing one time a day.

If you would like to learn more about children's dental health, you can find information on my practice website at *[web address]*. You can also contact our office anytime at *[office number]* or *[email address]*.

Good habits start at home, and we are glad to have your help with forming great dental habits for your child. Thanks for giving me the chance to talk about them with your child.

Sincerely,

Dentist

Required School Checkup Offer [Only in states with such a requirement]

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

You may not be aware that our state has a law that says children need to have a dental checkup by their first year in public school. Good oral health is an important part of good overall health. Kids need healthy teeth to eat properly, smile, speak, and have a positive self-image. Children with tooth decay cannot eat properly, may experience discomfort or pain, and have a hard time concentrating in school.

Because I feel so strongly about the importance of your child's oral health, I am offering this service at a discounted rate of *[\$price]*, a savings of *[\$amount]* over the usual rate. During the visit, your child will meet *[hygienist name]*, our dental hygienist. *[Hygienist name]* will clean your child's teeth. I will carefully examine your child's mouth, teeth, and gums, check for decay, and then talk with both of you about the visit.

I have been a dentist for *[number]* years. During this time, giving our community the finest oral care has been my personal goal. If you would like to make an appointment or if you have any questions, please feel free to contact me at *[office phone]* or *[email address]*.

You can also make an appointment on our practice website at [\[web address\]](#).

Sincerely,

Dentist

Mobile Dental Practice Visit – Letter to Patients

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

The *[practice name]* Mobile Dental Practice is coming to *[location]* on *[date]*. The mobile dentist will give dental exams, cleanings, fluoride treatments, x-rays, and sealants.

The mobile dentist has dental care at reduced costs. We are able to consider financial aid for those who cannot pay. No child has ever been turned away because they cannot pay.

If you want to see the dentist:

1. Fill out the consent form that came with this letter and bring it with you to the appointment. The consent form is only for the first dental visit and the six month checkup. We must have your filled-out consent form to get dental treatment. Bring this with you to your visit.
2. If you want dental treatment for your child, you must fill out a separate consent form for your child and bring it to your child's appointment.

We cannot wait to meet you. To make an appointment, please call us at *[office phone]* or make an appointment on our website at *[web address]*. Make an appointment early because they fill up fast.

Sincerely,

Dentist

Enclosure: consent form

Mobile Dental Practice – Letter to Community

Date

Community Member

Street Address

City State Zip

Dear *Community Member*:

I am writing to offer the services of my mobile dental clinic to *[community organization/patient population]*. I will be providing *[list dental services here]* in many areas in the community, and think your organization may also benefit from these services.

I provide these services in a comfortable, well-equipped environment. My mobile clinic has a wheelchair lift and all of the dental equipment needed for the dental procedures.

My mobile dental clinic is quick and easy to set up. My staff and I simply pack our van with our equipment, drive to the site, turn on the power, and we're ready to go.

Because I am funded in part by the *[community organization]*, I offer reduced-fee services. I will call you later this week to talk about how my mobile dental clinic can help *[community organization/patient population]*. If you have questions in the meantime, I can be reached at *[office number]*. I look forward to speaking with you soon.

Sincerely,

Dentist

Long-Term Care Facility

Date

Long-Term Care Facility Administrator

Street Address

City State Zip

Dear *Long-Term Care Facility Administrator*:

I am writing because I am a dentist interested in offering dental services to the residents of *[facility name]*.

Teeth should last a lifetime, and seniors in particular need extra care to keep their healthy smiles. Many older adults have undetected periodontal (gum) disease, oral cancer, tooth decay, or problems with dry mouth. If there are residents who have lost some or all of their teeth, they may not be able to eat and speak properly. I am well qualified to replace their missing teeth. While helping with these problems, I will also make sure that the residents are treated with the respect and dignity they deserve. I am available on *[days]* and I provide *[list services here]*. For your convenience, I have all the portable equipment to treat patients, including lighting, instruments, supplies, and a portable dental unit.

Enclosed is my resume so you can see my dental background and experience. You can also visit my practice website at *[website address]*. I will call you early next week to arrange a time to talk about the program. If you have any questions in the meantime, please do not hesitate to call me at *[office number]*. I look forward to working with you and the *[facility name]* residents.

Sincerely,

Dentist

Enclosure: resume

Environmentally Friendly Practices in Our Office

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Here at *[practice name]*, conserving the earth's resources is important to us. We try to help the planet while giving you the best patient experience possible. We would like to share what we have been doing to make our practice greener.

Recently, we have made the following changes in our practice with the planet in mind:

- We use digital x-rays so there's no need for film and chemicals. We use computers to help capture, store, and transmit dental x-rays so we don't need to use chemicals to process x-rays and then store them in a physical file.
- We use an amalgam separator, which keeps small pieces of amalgam from old fillings from going down the drain and into the water supply.
- We have a paperless practice. We make appointments and take notes electronically. Patients check in and fill out forms, like health history forms, on tablets. Patients can also fill out forms at home before their appointments on our website.
- We recycle metal from old fillings and restorations.

- We installed low flow toilets and water-reduction aerators on our faucets to cut down on water use.
- We do not use aerosol products in our practice.
- When we do use paper, we recycle it. Confidential documents are shredded by a company that recycles the shredded paper. Recycling bins for paper, plastic, and glass are in our office, staff break room, and patient waiting area.
- We use energy-efficient appliances and computer equipment.

If you would like to learn more about other ways we are helping the earth, as well as see photos, visit our practice website at [\[website address\]](#). You can also contact us with questions or other green ideas at [\[office phone\]](#) or [\[email address\]](#). Thanks for choosing us for your dental practice, and we look forward to seeing you soon.

Sincerely,

Dentist and Team

Infection Control Procedures

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We hope this letter finds you and your family in good health. Our community and the world have been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things may have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have noticed this during your visits to our office for treatment. Our infection control processes are designed to ensure that you receive treatment in dental practice that's both safe and comfortable. Since we believe in being open and transparent with you, we want to highlight the infection control procedures we follow in our practice in order to keep you, and everyone on the team, safe.

Our practice meets, or exceeds, all state and federal infection control requirements. That includes set by the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of both agencies to ensure we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are up to date and meet or exceed both agencies' recommendations.

CDC recommends that dentists, and other healthcare workers, use “standard precautions,” which are a series of infection control methods that are used for each patient every time. Examples of those standard precautions include:

- Wearing disposable gloves and gowns or jackets
- Wearing protective eyewear and masks
- Using disposable, single-use items when possible
- Instruments that are sterilized after each use
- Properly disposing of sharp items and contaminated materials in special containers
- Cleaning and disinfecting environmental surfaces and equipment in each treatment room before and after each patient

You may see some changes when you come in for your next appointment. These changes are designed to help protect you and the team and may include:

- Having hand sanitizer available for you to use in the waiting room and other areas of the practice
- Our appointment schedule will be managed to allow for appropriate social distancing between patients. That might mean that you’re offered fewer options for scheduling your appointment.
 - We will do our best to allow some time between patients to reduce waiting times as well as the number of patients in the waiting room at any one time.

- We will reserve morning appointments for patients who are in high-risk categories, such as above age 60 or with chronic health conditions, in order to ensure proper social distancing.
- You may also notice that our waiting room will no longer offer magazines, children's toys, etc., since those items are difficult to clean and disinfect.

We look forward to seeing you at your next appointment and are happy to answer any questions about the steps we take to keep patients safe in our practice. To make an appointment, please call our office at [\[office number\]](#) or visit our website at [\[web address\]](#).

Thank you for being our patient. We value your trust and loyalty and look forward to seeing you soon!

Sincerely,

Dentist and Team

Cover Letter for Sending Patient Surveys

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

We are always looking for ways to make our dental practice better, and believe our patients know best about how to do this. That is the reason we are sending you this survey. You are a valued patient, and we respect your opinions.

[IF SENDING AN EMAIL LINK]

The link below will take you to our survey. It will take about five minutes to complete. The survey has been developed and the data will be organized by an outside company, so your answers will be completely anonymous. We like to hear both praise and constructive criticism. Please complete the survey by *[date]*.

[web link to survey]

[IF DIRECTING PATIENT TO YOUR WEBSITE]

The survey is available on our practice website at *[web address]*. It will take about five minutes to complete. The survey has been developed and the data will be organized by an outside company, so your answers will be completely anonymous. We like to hear both praise and constructive criticism. Please complete the survey by *[date]*.

[IF SENDING BY MAIL]

The enclosed survey will take about five minutes to complete. You can send it back using the enclosed pre-addressed and pre-paid envelope. You will mail your completed survey to a company we hired to develop the survey and organize the data, so no one from our practice will see anyone's individual answers. We like to hear both praise and constructive criticism. Please complete the survey by *[date]*.

Your comments and your honesty are very helpful in making our practice better. If you have something specific you would like to talk about, please feel free to contact us at *[office number]* or *[email address]*. Thanks again for sharing your thoughts. We look forward to seeing you at your next appointment.

Sincerely,

Dentist and Team

Our Practice Website Now Has PatientSmart

Date

Patient

Street Address

City, State Zip

Dear *Patient*:

Making sure our patients are informed and feel comfortable with the treatment they receive is a top priority. To help us with this mission, we've added a library of patient education topics to our website. If you ever have a dental health question when our office is closed, or perhaps want more information on a particular treatment, we have just the tool for you.

We are pleased to announce that our website, [\[web address\]](#), now has dental health information and videos from the American Dental Association (ADA). By clicking the ADA PatientSmart button on our website, you can learn about topics from basic brushing and flossing to ways of improving your smile to how to handle dental emergencies. The information pages are in a print-friendly format so that you can print them out and look at them later, and the videos can give you a closer look at a treatment you may have wondered about. Most importantly, the information comes from the ADA, one of dentistry's most trusted resources, so that you know it is correct and well-researched.

We hope you will find this valuable service useful. Thank you for choosing [\[practice name\]](#), and we look forward to seeing you soon.

Sincerely,

Dentist and Team

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Chapter 16

Press Releases

Local Dentist Leads “Give Kids A Smile®” Day

FOR IMMEDIATE RELEASE
Date

CONTACT: *Name*
Phone
Email

Local Dentist Leads “Give Kids A Smile®” Event in [\[Location\]](#)

Group Provides Free Oral Health Care to [\[number\]](#) Underserved Children

[\[City\]](#) — [\[Date\]](#) — As part of the American Dental Association’s Give Kids A Smile® program (GKAS), [\[city/town\]](#)-area dentist Dr. [\[full name\]](#) led a group of volunteer dental professionals to provide a day of free care to [\[number\]](#) underserved children. Each year, through the GKAS program, volunteer dental professionals successfully provide oral health services to more than 350,000 children at approximately 1,500 locations nationwide.

Dr. [\[last name\]](#), an active member of the [\[city/town\]](#) dental society, and the [\[number\]](#) volunteer dental professionals provided free oral exams and dental care including [\[describe the dental services provided\]](#) to underserved children at clinics across [\[location\]](#). Dr. [\[name\]](#) arranged the logistics and volunteer assignments to ensure that over [\[number\]](#) children received needed dental care on this special day.

“It’s wonderful to be involved in a program that is helping the kids who need dental care the most,” said Dr. [\[name\]](#). “I think it’s important to give back to your community and I hope that we can continue the Give Kids A Smile Program for years to come.”

About 20 percent of children aged 5 to 11 have at least one untreated decayed tooth, according to the Centers for Disease Control and Prevention (CDC).

The Give Kids A Smile® program was launched on a national level in 2003 by the American Dental Association (ADA) to provide free oral health services and raise awareness of the importance of access to dental care for underserved children.

Dr. *[name]* has worked as a *[name of specialty]* dentist for *[length of time]*. *[He/She]* has been the recipient of several other awards in *[area of study]*, including *[name of award]*. Dr. *[name]* is a graduate of *[university]* and *[dental school]* and serves as a *[position]* in the *[organization]*. In addition, *[he/she]* is a member of the American Dental Association and the *[state]* dental society.

Dr. *[name]* lives with *[his/her]* family in *[city, state]*.

Editor's Note: For additional information or photos of children being treated by Dr. *[name]* and area dentists and dental professionals at *[city/town]* 's Give Kids A Smile Day, please contact *[him/her]* at *[office number]* or at *[email address]* .

###

Dentist Elected Officer of Local Dental Society

FOR IMMEDIATE RELEASE

Date

CONTACT: *Name*

Phone

Email

Dr. **[Name]** Named **[Position]** of **[State/City]** Dental Society

[City] — *[Date]* — Dr. *[name]* has recently been named *[position]* of the *[state/city]* Dental Society for the *[year]* term.

In his new role, Dr. *[name]* will lead *[number]* dentists in the *[city/town]* area. *[He/She]* says that *[his/her]* main focus will be *[main focus]*.

“I’m very excited to have the opportunity to lead this outstanding group,” said Dr. *[name]*. “My goal is to encourage our membership to volunteer their time teaching the children in our public school system about the importance of brushing, flossing and avoiding sugary snacks and beverages.”

Dr. *[name]* has been involved in *[specialty]* for *[number]* years. *[He/She]* is a graduate of *[university]* and *[dental school]*. After completing *[his/her]* education, *[he/she]* set up practice in *[location]*.

The *[state/city]* Dental Society, comprised of *[number]* dentists, is committed to increasing the awareness of *[disease/condition]*. The Society has recently launched a statewide campaign to increase awareness of *[disease/condition]* and its risk factors.

###

Community-wide Oral Health Campaign

FOR IMMEDIATE RELEASE

Date

CONTACT: *Name*

Phone

Email

Free Oral Health Screenings

[City] — *[Date]* — The dental society of *[area]* will promote dental health and awareness with free oral health screenings at *[time]* on *[day, date]* at *[location]*.

Children and adults can stop by to have their teeth examined by a dentist. Demonstrations will be given on proper brushing and flossing technique. Also, new techniques in cosmetic dentistry will be discussed, including tooth whitening, veneers, and enamel shaping.

Children are invited to have their picture taken with *[name of mascot]*.

Complimentary toothbrushes and dental floss will be distributed, courtesy of *[manufacturer]*.

###

Local Dentist Volunteers for Event

FOR IMMEDIATE RELEASE

CONTACT: *Name*

Phone

Email

Date

[City] — *[Date]* — *[city/town]*-area dentist Dr. *[full name]* worked along with *[number]* volunteer dental professionals to provide a day of free care to *[number]* children and *[number]* adults on behalf of *[organization name]*. The *[organization name]* event took place on *[date]* at *[location]*.

Dr. *[last name]*, along with the dental team volunteers provided \$*[estimated dollar amount]* in free oral health services to children and adults, some of whom waited hours to receive dental care. Treatments included cleanings, extractions, fillings, sealants, and fluoride applications, among other dental procedures.

“It’s wonderful to be involved in a program that is helping people who need dental care the most,” said Dr. *[name]*. “I think it’s important to give back to your community and I applaud *[organization name]* and all the volunteers who have done this today.”

Dr. *[name]* has worked as a *[name of specialty]* dentist for *[length of time]*. *[He/She]* has been the recipient of several other awards in *[area of study]*, including *[name of award]*. Dr. *[name]* is a graduate of *[university]* and *[dental school]* and serves as a *[position]* in the *[organization]*. In addition, *[he/she]* is a member of the American Dental Association and the *[state]* dental society.

[OPTIONAL: You may wish to provide a description and contact information for the organization at the end of the press release.]

Information may be available on the organization's website or ask your contact with the organization to provide it.]

It might look something like this:

An independent nonprofit 501(c)(3), nonsectarian-community-based organization, *[organization name]* has provided free dental care to over 2 million people who are uninsured, underinsured or otherwise in need since 1998. For more information on *[organization name]*, visit *[organization website]* or contact them at *[organization phone number]*.

###

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Chapter 17

Doctor Updates

“Doctor Updates” can be adapted for many purposes, such as for practice newsletters or website content, press releases, or articles in the media. You can also extract a few sentences to create messages for social media posts.

Local Dentist Wins Award

Date

We are very happy to announce that our own Dr. *[full name]* is the *[year]* recipient of the *[award name]*.

The *[award name]* is a given once a year by *[organization that give the award]* to *[insert award qualifications here]*. For example:

- *honor a dentist's commitment to community service*
- *a dentist who volunteers XXX number of hours a year*
- *a dentist who treats patients pro bono*
- *a dentist who is nominated by a group of his peers*
- *a dentist who has contributed to the field of [specialty name]*
- *a dentist who has demonstrated technical mastery of [procedure name]*
- *a dedicated dental educator with an unparalleled commitment to his or her students*
- *a new dentist who demonstrates outstanding leadership qualities*
- *a civic leader in our community*
- *a distinguished alumnus of [school name] dental school]*

The competition was fierce, and Dr. *[name]* was up against several very worthy nominees. *[He/She]*, along with the other nominees, will be honored at a *[banquet, gala, ceremony, etc.]* on *[date]* at *[location]*. We at *[practice name]*, along with Dr. *[name]*'s family, friends, patients, and colleagues, are so proud of *[him/her]*.

Dr. *[name]* has been a dentist for *[length of time]*. Dr. *[name]* is a graduate of *[university]* and *[dental school]*. *[He/She]* is a member of the American Dental Association and the *[state]* dental society.

Please be sure to wish Dr. *[name]* congratulations on winning this very prestigious award the next time you visit our office.

Local Dentist Wins Fellowship

Date

We are happy to announce that our own Dr. *[full name]* is the recipient of the *[fellowship name]*.

This fellowship is quite an honor, and will allow Dr. *[last name]* to complete post-graduate training in *[specialty]*. Dr. *[name]* has previously completed post-graduate training in *[specialty]* after dental school, and looks forward to increasing *[his/her]* knowledge and experience. After completing the fellowship, Dr. *[name]* hopes to *[describe future plans here]*.

[Number] fellows were selected from across the United States after a rigorous application process. Fellows are awarded grants to complete post-graduate training in *[specialty]*. The duration of the fellowship is *[number]* years.

Dr. *[name]* has been a dentist for *[length of time]*. Dr. *[name]* is a graduate of *[university]* and *[dental school]*. *[He/She]* is a member of the American Dental Association and the *[state]* dental society.

Local Dentist Completes Specialty Training

Date

We are happy to announce that our own Dr. *[full name]* has completed training in *[specialty]* at *[name of school, institution, or class]*.

Students in this program were selected after a rigorous application process, and spend *[amount of time]* completing the training. Dr. *[last name]* enjoyed learning about the latest developments in *[specialty]*, as well as meeting other colleagues and dental professionals. At the end of the training, participants were awarded *[a certificate, a diploma, credentials, etc.]* that designates them as *[insert new title or credentials here]*.

Dr. *[name]*'s goals after completing this training include *[describe goals here]*. *[He/She]* looks forward to sharing *[his/her]* newly-acquired knowledge with *[his/her]* patients at *[dental practice name]*.

Dr. *[name]* has been a dentist for *[length of time]*. Dr. *[name]* is a graduate of *[university]* and *[dental school]*. *[He/She]* is a member of the American Dental Association and the *[state]* dental society.

Local Dentist Earns Certificate/Degree

Date

We are happy to announce that our own Dr. *[full name]* has earned a *[degree/certificate]* with a concentration in *[specialty]* at *[name of school, institution, or class]*. *[He/She]* now holds a *[name of degree or certificate. For example, MBA, JD, FAGD, MAGD]*.

Students in this program were selected after a rigorous application process, and spend *[number] [years/months]* completing the training. Dr. *[last name]* enjoyed learning about the latest developments in *[field of study]*, as well as networking with classmates.

Dr. *[name]*'s goals after completing this *[degree/certificate]* include *[describe goals here]*. *[He/She]* looks forward to sharing *[his/her]* newly-acquired knowledge with *[his/her]* patients at *[dental practice name]*.

Dr. *[name]* has worked as a dentist for *[length of time]*. Dr. *[name]* is a graduate of *[university]* and *[dental school]*. *[He/She]* is a member of the American Dental Association and the *[state]* dental society.

Notes:

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Chapter 18

Employment Letters

Confirmation of New Employee (With Probationary Period Language)

Date

New Employee Name

Address

City, State Zip

Dear *New Employee Name*:

We are pleased that you will be joining our dental team as our new *[position]* at an hourly rate of \$*[hourly rate]*. Starting on *[start date]*, you will be working with us from *[time of day]* to *[time of day]* on *[days of the week]*. This work schedule is subject to change with advance notice.

As we discussed, each new employee starts out in a probationary period of 90 days where you will receive orientation and training to become familiar with office procedures. We will use this time as an opportunity to observe your performance and clarify expectations. After this 90-day period of orientation and review, we will evaluate your work habits, performance, and attendance record and you will receive a written evaluation of your performance.

Employment information is contained in the enclosed employee handbook. Please refer to it frequently and take every opportunity to familiarize yourself with the handbook, especially during your on-the-job training.

As indicated on the employment application that you completed, we are an at-will employer and either *[dental practice]* or you may

terminate the employment relationship with or without notice and with or without cause. We are hopeful that you will successfully complete this probationary period. Please note that the probationary period does not alter our at-will employment relationship with you. Either you or *[dental practice]* may terminate the employment relationship at any time and for any reason, with or without notice.

On your first day of employment, please report to *[name]*, and bring your *[social security card, two forms of identification, I-9 information, license if applicable, etc.]*. Forms and detailed information regarding our practice's employment benefit program will be provided to you at that time. In the meantime, should you have any questions, please contact *[office manager]* at *[office number]*.

We hope you will enjoy working with us! The success and growth of our dental practice are a result of the dedication of each member of our team. We are proud of our dental practice, and we welcome you to our team.

Sincerely,

Dentist

Enclosure: Employee Handbook

Note: As state law may vary, dentists are reminded to consult with their legal counsel regarding applicable at-will employment laws in their state.

Confirmation of New Employee (Without Probationary Period Language)

Date

New Employee Name

Address

City, State Zip

Dear *New Employee Name*:

We are pleased that you will be joining our dental team as our new *[position]* at an hourly rate of *[\$[hourly rate]]*. Starting on *[start date]*, you will be working with us from *[time of day]* to *[time of day]* on *[days of the week]*. This work schedule is subject to change with advance notice.

As indicated on the employment application that you completed, we are an at-will employer and either *[dental practice]* or you may terminate the employment relationship with or without notice and with or without cause. Either you or *[dental practice]* may terminate the employment relationship at any time and for any reason, with or without notice.

On your first day of employment, please report to *[name]*, and bring your *[social security card, two forms of identification, I-9 information, license if applicable, etc.]*. Forms and detailed information regarding our practice's employment benefit program will be provided to you at that time. In the meantime, should you have any questions, please contact *[office manager]* at *[office number]*.

Employment information is contained in the enclosed employee handbook. Please refer to it frequently and take every opportunity to familiarize yourself with the handbook, especially during your on-the-job training.

We hope you will enjoy working with us! The progress and growth of our dental practice are a result of the dedication of each member of our team. We are proud of our dental practice, and we welcome you to our team.

Sincerely,

Dentist

Enclosure: Employee Handbook

Note: As state law may vary, dentists are reminded to consult with their legal counsel regarding applicable at-will employment laws in their state.

Rejecting an Applicant

Date

Applicant Name

Address

City, State Zip

Dear *Applicant Name*:

Thank you for taking the time to meet with us during your recent visit to *[dental practice]*. We enjoyed meeting you and hope that your visit proved to be informative and interesting.

We were impressed by the number and quality of our applicants, but, unfortunately, we were only able to select one person. Therefore, I regret to inform you that we are unable to offer you a position at this time.

Please accept our best wishes for your future success, and thank you again for your interest in *[dental practice]*.

Sincerely,

Dentist

Confirmation of Termination

Date

Name

Street Address

City, State Zip

Dear *Employee*:

As discussed during our past meetings on *[list dates of meetings here]*, you have not satisfactorily met the expectations of *[position]* and your employment was terminated effective *[date of termination]*.

Enclosed in this letter are your final wages, minus normal withholdings.

You can continue your medical coverage through COBRA. The choice to continue must be made within sixty (60) days of your termination. For more information regarding your benefits, contact *[name of benefits coordinator]* at *[number]*.

Please accept my best wishes for your future endeavors.

Sincerely,

Dentist

Enclosures

Chapter 19

CVs and Cover Letters

Dentist Cover Letter

Date

Name

Company Name

Street Address

City, State Zip

Dear *Name*:

[INTRODUCTION]

I am writing in reference to the associate dentist position advertised on *[place where job ad was posted]*. Having recently moved to *[city]*, I have been seeking just such an opportunity. I believe my background and experience would be an excellent match for your requirements.

[LIST WORK EXPERIENCE]

I have practiced general dentistry for the past five years with an emphasis on cosmetic dental services and have closely followed the technological advances of our profession. My experience in cosmetic dentistry has allowed me to interact with a variety of patients, from athletes whose teeth have been injured in the game to patients who simply wish to improve their smiles.

[LIST ANY RELATED EXPERIENCE OR POINTS OF INTEREST]

Besides my work experience, I have volunteered on dental missions to the Dominican Republic each year for the past three years. These trips have not only prepared me for the challenges of communicating

with patients in a multicultural environment, but have also advanced my Spanish language skills to a conversational level.

[LIST WHY YOU WOULD BE A GOOD FIT FOR THIS POSITION]

Your commitment to providing cosmetic dentistry using the latest technology is impressive. As an active member of the Academy of Cosmetic Dentistry, I have been looking for a practice that focuses on using the latest cosmetic dental advances to create beautiful smiles. I also appreciate your practice philosophy of “gentle dentistry,” a value I strongly believe in and practice.

[CONCLUSION]

I have enclosed my resume for your review, and welcome the opportunity to further discuss my qualifications for this position. I will contact you within a week to arrange a meeting at your convenience.

Sincerely,

Name

Enclosure

Dental Staff Cover Letter

Date

Name

Company Name

Street Address

City, State Zip

Dear *Name*:

[INTRODUCTION]

I am writing in response to the ad for a dental hygienist advertised on *[place where job ad was posted]*. With my educational background and experience, I feel I would be a valuable asset to your practice team.

[LIST WORK OR VOLUNTEER EXPERIENCE]

I recently graduated from the University of Colorado with a BS in dental hygiene and a 3.7 GPA. As a student, I was an active member of the American Dental Hygienists' Association. I also participated in many local activities, such as "Give Kids A Smile" and annual dental health screenings for elementary school students.

[LIST ANY RELATED EXPERIENCE OR POINTS OF INTEREST]

Last summer, I worked at the Boulder Family Dental Clinic, where I greeted and interacted with patients of every age and background. I also assisted dentists with tasks such as performing dental procedures, applying fluoride, taking x-rays, and cleaning the

operatories before and after each patient using OSHA's guidelines for infection control.

[CONCLUSION]

I enclose my resume for your review, and will follow up next week to set up a time to discuss my qualifications in more detail. Thank you for your consideration, and I look forward to hearing from you.

Sincerely,

Name

Enclosure

Sample CV – New Dentist

Curriculum Vitae

Matt Smith, D.D.S.
123 Main Street
Chicago, IL 60640
(773) 123-4567
drmattsmith@mattsmith.com

Education

Johns Hopkins Medicine General Practice Dental Residency GPR Certificate	Baltimore, MD 9/18–6/19
Creighton University School of Dentistry D.D.S 3.9 GPA	Omaha, NE 9/14–6/18
University of California at San Diego B.S. Biochemistry Minor, Music 3.5 GPA	San Diego, CA 9/10–6/14

Licensure

State of Nebraska Dental License #022222	6/18
State of Maryland Dental License #011111	8/18

Clinical Experience

Super Smiles Dental Practice
Associate Dentist

Baltimore, MD
7/19–present

Duties included examining, diagnosing, and providing treatment counseling to patients in all phases of general dentistry.

Continuing Education

First Aid and CPR Certified
ESCI certification

Baltimore, MD
7/20

Coronal Polishing and Fissure Sealants Certification
Baltimore Community College

Baltimore, MD
7/19

Introduction to Dental Medicine
Certificate issued
University of Pennsylvania online course

Philadelphia, PA
1/19–5/19

Professional Memberships

American Dental Association
American Dental Education Association

9/10–present
8/14–present

Publications

Smith, Matt. “How to Apply for a Dental Residency” *Contour*,
June/July 2017, pp 20-21

Smith, Matt. “24 Hours in the Life of a Dental Resident,” *ASDA Blog*
(blog), 18 May 2018, www.asdablog.com/dentalresident123456.

Community Service and Volunteer Work

ADA Give Kids A Smile	2/15-present
Boy Scouts of America Assistant Troop Master	1/17–present

Sample CV – Midcareer Dentist

Curriculum Vitae

Jane Doe, D.D.S.
123 Main Street
Chicago, IL 60640
(773) 123-4567
drjanedoe@janedoe.com

Education

D.D.S 9/03-6/07	University of Michigan School of Dentistry Ann Arbor, MI
B.S. Biology 9/96-6/00	University of Illinois at Chicago Chicago, IL

Licensure

State of Illinois Dental License #022222
10/10

State of Michigan Dental License #011111
10/07

Clinical Experience

Private Practice 8/15–present	Jane Doe, D.D.S. Chicago, IL
----------------------------------	---------------------------------

Owner and sole practitioner of this practice. Duties include treating patients in all phases of general dentistry with various dental and oral surgical procedures. Responsible for oversight of all financial and legal decisions affecting the practice and the dental team.

Associate Dentist We Can Handle the Tooth, LLC
11/10-5/15 Buffalo Grove, IL

Duties included examining, diagnosing, and providing treatment counseling to patients in all phases of general dentistry, as well as supervising dental team members and working with the dentist owner on business management tasks such as filing of insurance claims and providing oversight of accounts payable and accounts receivable.

General Dentist Healthy Smiles, Inc.
11/07–8/10 Livonia, MI

Duties included examining, diagnosing, and providing treatment counseling to patients in all phases of general dentistry as a general dentist for this national dental chain.

Academic Experience

Clinical Assistant Oral Medicine and Diagnostic Science
Professor
8/12-present University of Illinois at Chicago Chicago, IL

Clinical Instructor Division of Oral Pathology/Medicine/
Radiology
8/09–6/10 University of Michigan School of Dentistry
Ann Arbor, MI

Professional Memberships

American Dental Association	9/03–present
American Dental Education Association	8/09-present

Publications

Bisset J, Doe J, Fawcett, F, Johnson R, Potter Y. “Stop Smoking for a Healthier Mouth,” *Journal of the American Dental Association*, 130 (3), 24-27, November 2020.

Doe J. “Oral Cancer is Bad,” *Journal of the Illinois Dental Association*, 56, 39–40, April 2020.

Community Service

Examiner 10/15/19	Oral Cancer Screening UIC Health Fair
Board Member 8/17–8/19	Shelter for Extraordinary Dogs & Cats Chicago, IL
Treasurer 9/16–9/18	Dr. Elizabeth Blackwell Elementary School Parent-Teacher Association Chicago, IL

Sample Dental Staff CV

Curriculum Vitae

Personal Information

Name: Sam Smith, R.D.H.
Address: 123 Main Street
Chicago, IL 60640
Phone: (773) 123-4567
Email: samrdh@email.com

Education

B.S. Dental Hygiene Minnesota State University Mankato
9/15–6/19 Mankato, MN

Licensure

State of Illinois Dental Hygiene License #022222 8/20

State of Minnesota Dental Hygiene License #011111 10/19

C.R.D.T.S. Dental Hygiene Examination 7/19

National Board Examination 7/19

Clinical Experience

Dental Hygienist
8/20–present

Super Smiles Dentistry
Evanston, IL

- Perform oral prophylaxis including sub-gingival and supra-gingival scaling
- Maintain patient records, including graphical charting and perio charting
- Follow practice protocols
- Obtain digital radiographic images
- Counsel patients on oral health and nutrition and dispense oral hygiene aids

Dental Hygienist
9/19–8/20

Gentle Dental Pediatric Dentists
Mankato, MN

- Conducted preliminary oral examination including periodontal charting
- Applied fluoride and other cavity preventing agents to prevent dental decay
- Recorded and reviewed patient medical histories
- Obtained radiographic images
- Applied fluoride treatments
- Maintained and sterilized dental equipment

Continuing Education

Creating the Ultimate
Doctor-Patient Hygiene Exam
10/15/20

ADA Annual Session

HIPAA Continuing Education Course
3/14/20

ADAA Continuing Education
Series

Academic Experience

Instructor
8/20–present

Principles of Dental Hygiene
College of DuPage Glen Ellyn, IL

Professional Memberships

Illinois Dental Hygienists' Association
American Dental Hygienists' Association

8/20–present
9/19–present

Community Service

Examiner 9/20–present

National Children's Dental
Health Month Presenter
2/20–2/21

Chicago Public Schools Dental
Screening Program Chicago, IL
Roosevelt Elementary School
Chicago, IL

Cover Letter for Applying for a Fellowship/Community Organization

Date

Name

Company Name

Street Address

City, State Zip

Dear *Name*:

Thank you for the opportunity to apply for the *[Name of Fellowship]*.

[LIST WORK EXPERIENCE]

I have practiced general dentistry for the past five years at San Francisco's Santa Teresa Community Clinic, a government funded walk-in clinic. My experience in this environment has enabled me to effectively interact with a variety of patients, from toddlers on their first dental visit to elderly patients. I have also worked extensively with special needs patients.

[LIST ANY RELATED EXPERIENCE OR POINTS OF INTEREST]

Besides my work at Santa Teresa, I have volunteered on dental missions to the Dominican Republic each year for the past three years. These trips have not only prepared me for the challenges of communicating with patients in a multicultural environment, but have also advanced my Spanish language skills to a conversational level.

[LIST WHY YOU WOULD BE A GOOD CANDIDATE FOR THIS FELLOWSHIP/COMMUNITY ORGANIZATION]

These experiences have shaped my views of dentistry, specifically ways to provide access to care for underserved populations. It is with these thoughts in mind that I look to move from clinical practice to more of an advocacy role. I believe the *[Name of Fellowship]* will provide me opportunities to build on previous leadership skills, as well as develop new managerial tactics. I hope to apply my fellowship experience to managing community programs which provide dental care to populations who would otherwise go without.

[CONCLUSION]

I have enclosed my application, essay questions, and letters of recommendation for your review. Should you have any questions, please do not hesitate to contact me at *[phone number]* or via email at *[email address]*. Thank you in advance for your consideration.

Sincerely,

Dentist

Enclosures

Letter of Recommendation

Note: When writing a letter of recommendation, it is important to collect as much information as possible about the person who requested the recommendation before writing it. Ask for their resume or C.V., as well as a copy of the application or description of the opportunity for which they are applying. Be sure to tailor your letter with specific skill sets or examples that meet the requirements of the application or job description. Quantify accomplishments whenever possible—statistics speak volumes!

Date

Name

Company Name

Street Address

City, State Zip

Dear *Name*:

[INTRODUCTION]

This letter is to enthusiastically recommend *[name]* for *[insert name of program, fellowship, professional position, etc.]*.

I have had the pleasure of knowing *[name]* for *[number]* years.

[EXPLAIN RELATIONSHIP HERE]. For example:

- *[Name]* has worked as my dental hygienist for the past five years.
- I have mentored *[name]* during *[high school/college/dental school]* when they *[worked in the front office; interned in my*

practice; shadowed my dental team; etc.].

- I have worked with *[name]* as a respected colleague *[as an associate in my practice; as a board member at [organization]; on [name of committee] at [organization]; etc.].*

[LIST WORK EXPERIENCE]

I feel that *[name]* would be an excellent candidate for *[institution, scholarship, fellowship, residency, position, job, etc.].* *[Name]* has demonstrated a high degree of technical skill, as well as excellent clinical judgment. *[Name]* has assisted me on more than 200 dental procedures with great success. *[His/Her]* rapport with patients is exemplary, and *[his/her]* sense of professionalism is unparalleled. In addition to being a patient favorite, *[name]* has a respectful and productive relationship with the dental team. *[He/She]* is also committed to sharpening and improving *[his/her]* clinical skills set by completing more than 32 continuing education courses in *[his/her]* spare time during *[his/her]* time at the practice. *[Name]* showed a particular interest in learning more about endodontics, the primary focus of this *[scholarship, fellowship, residency, etc.].*

[LIST ANY RELATED EXPERIENCE OR POINTS OF INTEREST]

Besides work experience, *[name]* has a long track record of volunteering in *[his/her]* community.

[Name] has assisted with dental screenings for elementary school students each fall for the past three years. *[He/She]* also volunteered for a dental mission in the Dominican Republic last year. These trips have not only prepared *[name]* for the challenges of communicating with patients in a multicultural environment, but have also advanced *[his/her]* Spanish language skills to a conversational level. *[He/She]* has maintained *[his/her]* fluency by putting these language skills to good use in the practice. This has helped increase our ability to attract and provide dental treatment to Spanish-speaking patients.

[Name] has also demonstrated leadership skills by leading the local chapter of the American Student Dental Association (ASDA) and helping to coordinate the organization's annual conference. In a testament to *[his/her]* time management skills, this is in addition to training and completing a marathon earlier this year.

[LIST WHY THE CANDIDATE WOULD BE A GOOD FIT FOR THIS POSITION]

I believe that *[name]* would add value to this program not only because of *[his/her]* superb clinical and leadership skills, but also because this opportunity would help *[him/her]* grow both professionally and personally. The chance for hands-on learning from experienced instructors would help *[him/her]* propel *[his/her]* career to the next level.

[CONCLUSION]

If you have any further questions, I would be happy to discuss *[name]*'s qualifications and why I strongly believe that they would be the best candidate for *[institution, scholarship, fellowship, position, job, etc.]*. Please don't hesitate to contact me by phone at *[phone number]* or by email at *[email address]*.

Sincerely,

Name

Enclosure