

## Recommended Treatment Plan Not Completed

Dr. Name  
Office address  
City, State ZIP  
(or preferably print on letterhead)

DATE

Patient Name  
Address  
City, State Zip

Dear \_\_\_\_\_,

Your records indicate that you have dental conditions that are still untreated.

During your dental exam on April 1 20xx, these problems were noted:

- Decay on teeth #3, 14, 15, 31
- Broken tooth #19
- Abscess on tooth #31
- Gum disease

Delaying treatment of these problems will only cause them to get worse, resulting in further damage, more expensive treatment, less predictable outcomes, toothaches, and eventual loss of teeth.

Please contact us to schedule your appointments to treat these dental problems before they progress further. We are happy to review your recommended treatment plan if you would like. If it has been more than three months since your exam, you might need a new exam in order to reevaluate your problems and update your recommended treatment.

Sincerely,

Dr. \_\_\_\_\_