

Sample Letter 1: For Patients Who Are Now Due for Hygiene Appointment

OFFICE LETTER HEAD HERE

Date Dear _____,

While reviewing your patient information, we realized it has been _____ months since your last dental hygiene-preventive-care visit.

Maintaining your oral health is an important part of a healthy lifestyle. Regular preventive care appointments can ensure good overall health.

Your dental hygiene appointments are critical piece of maintain your overall health and help to prevent future dental problems, which create unnecessary expense to you.

Your appointment entails much more than a cleaning. We examine the hard and soft tissues in your mouth, check for cavities and other abnormalities. We also complete various wellness screenings, give you tips to help you maintain a beautiful smile which all support a healthy body.

Our team is committed to your total health and your smile is one part of your total health. Our goal is for you to achieve optimal oral health which relates to a healthy body and not spend money treating disease due to unhealthy gums, cavities and other diseases which are also related to your total health.

We encourage you to contact our office as soon as possible to schedule this valuable preventive-care appointment.

If you have any questions and when you are ready to schedule your next appointment, please call us at (enter practice phone number):

We hope to hear from you soon.

Sincerely,

Doctor's name
Practice name

Always personalize the letter by adding information about concerns specific to your patient. Ex: use words like prevent disease, prevent high blood pressure, prevent diabetes, prevent infection, prevent unnecessary expenses

Sample Letter 2: For Patients Who Are Overdue by 12 Months or More

This is a sample patient letter that is meant to be sent to patients who have not responded to telephone calls or previous letter attempts to schedule their hygiene appointments and it may be modified for your practice. This letter has worked well to send in a SASE as a last attempt prior to inactivating a patient.

Date Dear _____,

It has been quite some time since you've been in for dental care and we've made several unsuccessful attempts to contact you by phone, text or email.

Routine dental visits are absolutely essential to maintaining not only optimal oral health, but your oral health plays a key role in your total health.

Please understand if disease exists and is left untreated it can lead to other more serious health problems. If you are avoiding treatment because of fear, there are many ways to minimize this common feeling.

If you are experiencing financial hardship at this time, we have a variety of flexible payment options available to help you continue with your dental care.

If you have transferred to another dentist, we would be pleased to know you are in capable hands.

Please contact us so that we can update our records by calling or returning the bottom of this letter in the enclosed envelope.

Sincerely, Doctor's name Practice name

Please complete the below by checking the appropriate box(s) below. Cut along the perforated line and return in the enclosed, self-addressed, stamped envelope. Thank you.

Print Name: _____ Date: _____

- Please have your office call me as soon as possible at this number: _____
- Please text me a time and day to return for hygiene-preventive-care-appointment. The best day(s), time (s) are: _____

The best time and number to reach me is _____.

- Fear is keeping me away. Please call me at this number _____ so we can discuss.

The best day(s), time (s) to call me are: _____.

- I will not be returning because: _____
- I will not be returning because you are not a provider for my dental plan.
- I cannot afford dental care at this time.
- I have moved and I have found a new dentist. I have moved and I need to know a dentist in my area.
- Please let me know a good dentist in my new location. City and state of your location: _____
- Call me at: _____ Text me at: _____ Email me at: _____

If you need us to transfer your records please write on the back of this to let us know you want your records released. Please sign your name and date your request to release your records. Please provide a fax # or address to send your records. Please be sure to date and sign your letter of intention to release your records.