



**PENDING PROTOCOL 2
30 DAYS AFTER EXAM**

Date

[Office Address]
[City, State ZIP]

RE: [Patient Name]

Dear [Patient Name/Responsible Party Name],

We had the opportunity to meet with you [and/or patient name] last month at [your/their] orthodontic evaluation.

At that appointment, Dr. Smith recommended [describe the treatment that was recommended and why].

We look forward to getting [you/patient name] started with [your/their] orthodontic journey soon.

Please reach out to our office to schedule an appointment.

Smiles,

[Your Name]
Treatment Coordinator
[Practice Name]