

# Incomplete Dental Treatment

Patient Name \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_ :

Just a friendly reminder: Your dental care has not been completed. Your last visit was on \_\_\_\_\_. You still need the following treatment:

\_\_\_\_\_

\_\_\_\_\_

## Purpose of Planned Care:

- Improve smile, appearance
  - Help bleeding, mouth odor
  - Treat gum or bone infection
  - Preventive, examination
  - Old work leaking, worn out
  - Tooth broken, infected
  - Cavity getting worse
  - Tooth too weak
  - Teeth shifting or loose
  - Bite, Joint problem
  - Root canal tooth may break, re-infect or decay beyond repair
  - Temporary crowns can leak, break and allow gum disease or decay beyond repair.
  - Condition will worsen, cost more or cause pain if delayed
  - Additional dental care is also needed. \_\_\_\_\_
  - Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*We are concerned about you!*

Please call us at \_\_\_\_\_ as soon as possible!

Sincerely,

Your Dental Practice