Dr. Name

Address

City, State & Zip

Date

Patient Name

Address

City, State & Zip

Dear Patient;

Enclosed, please find a refund check for you in the amount of $(xx.xx).

Our records indicate you have prepaid for dental treatment and have not returned to complete this treatment.

We have been unable to reach you by phone or by mail.

Please contact the office when you are able to proceed with your dental treatment.

Sincerely,

Your Name

Your Title