

## Letterhead details

Line 1

Line 2

Line 3

Current Date full

Title FirstName Surname

Address

Suburb State Postcode

Dear Title Surname,

As requested, please see a summary of your treatment plan. For your convenience, this summary informs you of the item numbers and costs of your treatment. If you wish to check your health insurance benefits, you will need to quote your item numbers to your health insurer.

### Treatment Plan Items

I trust that our consultation on Last appointment date has addressed all your questions and concerns for this treatment plan. Please see the stages of your treatment below with relevant clinical explanations as discussed during our consultation.

### Phase/Visit Labels/Notes

Our reception staff have tentatively booked your first appointment on Next appointment date at Next appointment time. We kindly request you sign this document to confirm your acceptance of this treatment plan and to secure the treatment costs for the next 3 months as they are subject to change. We invite you to sign this document in surgery before your first appointment or if you wish you can forward the signed document to our email address [info@smiledesignstudio.com.au](mailto:info@smiledesignstudio.com.au).

Kind regards,

Dr Provider Firstname Provider Surname

I, FirstName Surname understand the treatment plan and costs stated in this letter.

*Insert E-Signature*