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| --- | --- | --- | --- |
|  | Unscheduled Treatment Form |  |  |

Date

Dear Patient,

At your last visit, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ diagnosed treatment for you. Your health is our concern, and our goal is to provide you with the highest quality care.

If you have any questions or concerns about your treatment and insurance coverage, please call or email our office. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ would be happy to review everything with you.

Please call the office at your earliest convenience to schedule an appointment or to answer any other questions that you may have.

We look forward to speaking to you and seeing you soon.

Warmest regards,

Staff Name

Doctor Name

Email address: