PATIENT EMAIL TEMPLATE

In the spirit of community and in accordance with the guidelines from the <Insert Dental/Medical Association or State-Province>, we are suspending all non-essential care for at least the next <Insert Number of Weeks>, to and including <Insert Actual Date of End of Closure>.

If you have an appointment in our office within that time period, we will be calling you as soon as possible to reschedule your appointment. Please be patient with us and allow us to call you to reschedule. This will help us to manage the overall appointment schedule in order to best address everyone’s needs.

<Insert Doctor Name Here> is reviewing each patient’s treatment status as appointments are rescheduled to minimize the impact this delay will have on your overall treatment time. Your understanding and patience with this very challenging situation is appreciated.

If you have an urgent need during this time, we will be available for emergency appointments. Please call our office as soon as possible so we may determine the best course of action for your specific situation.

We look forward to seeing you back in our office soon.

Sincerely,

<Insert Doctor/Practice Name>