



HEALTH PARTNERS-DENTAL ACCESS INC

Date: _____

Accreditation Department
HEALTH PARTNERS DENTAL ACCESS, INC.

Dear Doctor:

RE: **LETTER OF INTENT**

I am writing to request your kind consideration on my application as one of your accredited dentists.

- I. How did you learn of HEALTH PARTNERS DENTAL ACCESS, INC.
- II. Introduce your practice here to include the following:
 - o Brief background of your practice
 - o length of time you are practicing
 - o specializations if any
- III. Clinic profile
 - o location, equipments, number of chairs, target market, existing clients
- IV. Services offered

I attached my updated Curriculum Vitae and all pertinent documents you have required for this accreditation.

I look forward to your favorable response to my request.

Sincerely yours,

Dr. _____
(Signature over Printed name)

Date signed: _____

PRC license #: _____

Contact #: _____