

## **Clinic Correspondence – Treatment Summary**

Date: 2025-08-09

Provider: Dr. Rivera, DMD

Patient: Patricia Wilson

DOB: 06/06/1985

SSN: 105-15-1005

MRN: MRN: 918273

Subscriber/Member ID: AB-123456

Phone: (617) 555-0101

Email: john.doe@example.com

Address: 101 Main Street, Boston, MA 02110

Date of Service: 11/16/2025

This letter summarizes the dental procedures performed on the stated Date of Service. CDT D1110 was completed without incident.

Please contact our office if you have questions about coverage or benefits.