

Clinic Correspondence – Treatment Summary

Date: 2025-08-09

Provider: Dr. Patel, DMD

Patient: Sandra Young

DOB: 02/26/1985

SSN: 225-35-2025

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: 07/08/2025

This letter summarizes the dental procedures performed. CDT D2740 was completed.

Please see the remarks below.

Equipment reference: VEH ID 1HGCM82633A004352 used during transport.