

**USE APPLICABLE CLINIC  
LETTERHEAD**

Date: \_\_\_\_\_

**DR. TEDDY C. GONZALES**

Managing Director  
HEALTH PARTNERS DENTAL ACCESS INC.  
Unit 6, 2<sup>nd</sup> Floor 143 Cordillera st.  
Brgy. Maharlika, Quezon City

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 #: \_\_\_\_\_