

(PRINTED ON OFFICE LETTERHEAD)

Law Enforcement Officer,

(FULL NAME OF EMPLOYEE) is a member of the dental care team at (PRACTICE NAME).

(PRACTICE NAME) is providing emergency dental treatment to patients in their community.

(FULL NAME OF EMPLOYEE) is authorized to travel within this area during this period of restriction.

Sincerely,

(SIGNATURE)

(OFFICE MANAGER or OWNER DOCTOR NAME)

(TITLE)

(DATE)