

Dear Representative/Senator [Last Name]

My name is Dr. [First/Last]. I live and practice in [town/city], and I am a constituent, as are hundreds of my patients and many of my staff. I am writing as a practicing dentist and small-business owner to ask for your support of forthcoming legislation to allow me to provide cosmetic injections.

Why this matters locally:

- Every week my practice cares for [#] patients from [town or region], many of whom I have been their oral healthcare provider for years, developing a deep trust between us.
- Under the current system, if my patient needs a cosmetic injection to fulfill a treatment plan, or simply wants to pause their age progression with a filler, I cannot do this procedure while many other practitioners, include APRNs, PAs and RNs, can. I have advanced training specifically on the facial structure and, in fact, do many Botox injections weekly for oral pain. I cannot, however, use the same skills and materials to use Botox for cosmetic purposes. This is an unfair and archaic limitation on my scope of practice.
- Your support of the legislative effort of my dental association – The Connecticut State Dental Association -- will allow me to provide these cosmetic procedures and I ask that you support this effort.

I would appreciate the opportunity to meet briefly (in person or by Zoom) with you or your staff to explain how this legislation would impact patients and to answer any questions. I'm available [give 2-3 windows of dates/times over the next 2-3 weeks], or I'm happy to work around your schedule.

If it's helpful, I can bring: a one-page summary of practice-level data, a short patient (anonymized) story that illustrates the issue, and a few local dentists who would like to speak with you.

Thank you for representing our district. Please let me know a convenient time to meet, or if your staff prefers, contact me at [phone] or [email]. I look forward to helping you understand how this issue affects patients across your district.

Respectfully,

Dr. [Full name]

Practice name, city

Phone: [###-###-####]

Email: [your email]

Address (optional): [street, city, ZIP — helpful for staff to confirm constituent status