

October 15th, 2024

LETTER OF INTEREST

I would like to express my interest in learning more about the exciting opportunity to join the dental network you have identified in partnership with Good Sleep Co.

I am eager to explore how this partnership could benefit my practice and, most importantly, provide much-needed treatment options for patients who have struggled with traditional therapies, such as PAP, or those who have otherwise been underserved.

I am interested in the opportunity to learn more about the referral process, the specific requirements for joining the network, and how this program can enhance my practice's ability to support patients with sleep disorders.

I would like to be included in the web-event where I can learn more. I realize this is a limited-time first adopter opportunity, which includes a requirement to attend a Google Meeting with members of CSS and Good Sleep Co, and complete the form returned on this email link by ***Nov 1st, 2024***.

Dr. Name: _____

Practice Name: _____

Practice Address: _____

Email: _____

Phone: _____

*To obtain first-mover advantage in each zip code, Please fill out one form per office with a different zip code

