

The Metz Center For Sleep



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www.TheMetzCenter.com

Click here to enter a date.

RE: Click here to enter the name and date of birth of Patient.

Dear Dr. Click here to enter the name and date of birth of Patient.:

We wanted to express our appreciation for your referral of Click here to enter the name and date of birth of Patient..

Click here to enter the name and date of birth of Patient., has been utilizing a mandibular advancement device for the treatment of Obstructive Sleep Apnea. Based upon the information received from your office, the Pre-treatment Apnea Hypopnea Index was Click here to enter the name and date of birth of Patient.

The patient has been using an oral appliance since Click here to enter a date.. We feel that the patient is doing well with their treatment, and we would like to share the results of their most recent screening with you.

During the most recent screening, the patient's Respiratory Disturbance Index was **Click here to enter the RDI** .

The oral appliance is titrated to a mandibular protrusion of Click here to enter the name and date of birth of Patient.mm.

We have asked that the patient follow up with your office to schedule a post-treatment evaluation and clearing sleep study. We too will continue to follow up with this patient to ensure continued success with their oral appliance.

We are grateful for your confidence in our practice, and will strive to serve your patients with the highest level of care.

Once again, thank you.

Sincerest Regards,

James E. Metz, DDS
Diplomate, ABDSM