

The Metz Center For Sleep Apnea



James E. Metz, DDS
1271 East Broad Street
Columbus, Ohio 43205
614-252-4444 (ph)
614-252-6474 (fax)

www.TheMetzCenter.com



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Referring Doctor Name
Address
City, State Zip

Re: Patient Name
DOB: XX/XX/XXXX

Dear Dr. XXX,

Attached, please find the most recent pulse oximeter results for ***Patient Name***. He has been using the oral appliance since ***DATE***, and is getting along very well.

I have suggested to the patient to continue advancing the appliance, and to make arrangements with our office to use the pulse oximeter again at a later date. At that time, we will re-evaluate his progress.

Please call with any questions or concerns.

Sincerest regards,

Doctor Name

Cc :

PRIMARY CARE PHYSICIAN
ADDRESS
CITY, STATE ZIP