

The Metz Center For Sleep Apnea



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www.TheMetzCenter.com

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Referring Doctor Name
Address
City, State Zip

Re: Patient Name
DOB: XX/XX/XXXX

Dear Dr. XXX,

I would like to thank you for your referral of *Patient Name*. Your confidence is very much appreciated. If there is ever a problem with the patient, or you need information, please give me a call at the office.

Patient Name came into my office on *DATE* to be evaluated for an oral appliance to treat obstructive sleep apnea. *Patient Name* accepted treatment. She will return on *DATE* to seat the appliance.

We are grateful for your confidence in our practice, and will strive to serve any referrals you may provide with the highest level of service.

Once again, thank you.

Sincerest regards,

Doctor Name

Cc

PRIMARY CARE PHYSICIAN
ADDRESS
CITY, STATE ZIP

GENERAL DDS
ADDRESS
CITY, STATE ZIP

ANY OTHER DR. TREATING PT.
ADDRESS
CITY, STATE ZIP