

The Metz Center For Sleep Apnea



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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 responded well to the oral appliance, and has completed the titration process.

I have advised the patient to contact your office, and make arrangements for a post-treatment evaluation and sleep study utilizing the oral appliance at this time.

Please call with any questions or concerns.

Sincerest regards,

Doctor Name

Cc :

PRIMARY CARE PHYSICIAN
ADDRESS
CITY, STATE ZIP