

This letter goes to the anesthesia chairman to confirm that the evaluation was completed.

Please place on evaluators letterhead.

West Atlanta Oral Surgery
Attn: Antwan L. Treadway, DMD
1790 Mulkey Rd.
Suite 3-A
Austell, Georgia 30106

Dear Dr. Treadway:

I wish to inform you that Dr. _____ completed the Georgia Society of Oral and Maxillofacial Surgeons office anesthesia evaluation program on _____.

I have forwarded a copy of the evaluation that was performed to the GSOMS administrative office. Please do not hesitate to contact me if you have any questions.

Program Evaluator: _____

Signature: _____ Date: _____