

This letter will go to the GSOMS office after you have completed the evaluation.

Please place on evaluators letterhead

Georgia Society of Oral and
Maxillofacial Surgeons
Attn: Secretary of the State Society
4850 Golden Parkway, Suite B-417
Buford, Georgia 30518

Dear Secretary:

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

Attached is a copy of the evaluation that was preformed. Please do not hesitate to contact
me if you have any questions.

Program Evaluator: _____

Signature: _____ Date: _____