

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

Please place on your letterhead.

West Atlanta Oral Surgery  
Attn: Antwan L. Treadway, DMD  
2024 Barrington Lane  
Villa Rica, Georgia 30180

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 preformed to the GSOMS administrative office. Please do not hesitate to contact me if you have any questions.

Program Evaluator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_