## [Doctor=s letterhead]

Date:		Fax No.
Dear Dr.	, this fax will	confirm our conversation of today
wherein we discussed y	our patient	and his/her
condition(s) of		
and our proposed treati	ment of	
[] with local anesthesia	[] with epinephrine	[]with [] without IV Sedation
scheduled for	In response, y	ou recommended the
following:		
next business day if this significantly change be	is letter is not accurate fore our scheduled trea eed as noted and will as	e immediately advise us before the or if the patient=s condition should the iment/operation as noted above. sume the foregoing is a correct
		[Doctor=s Name]

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