

SARAH HILL, DDS MSD
JOSEPH STOUT, DDS MSD

(360) 675-4613
651 SE Maylor Street
Oak Harbor, WA 98277

PLAYHOUSE DENTAL CLINIC

Re: Patient: _____

DOB: _____

Parents/Guardian: _____

Surgery Date: _____

Dear Physician or Health Care Provider,

Our mutual patient is to be scheduled for full mouth dental care under general anesthesia at Island Hospital Northwest in Anacortes. As you are the primary care physician, I would appreciate your assistance in performing a **pre-operative history and physical examination**. For legibility and completeness, this must be a **dictated** form which is authenticated or signed, and dated. It needs to be performed within 30 days of the surgery. I will be dictating a separate dental history indicating the necessity of the procedure.

Please fax a copy of your dictation to:

Dr. Sarah Hill
Playhouse Dental Clinic
FAX: (360) 675-9691

If you have any questions, you may reach me on my cell phone at (360) 416-1514.

Thank you for your assistance in this matter.

Sincerely,

Sarah Hill, DDS, MSD



www.oakharborkidsdds.com