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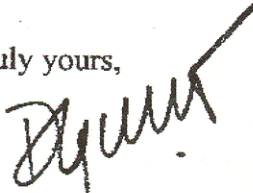
January 27, 2006

This letter will confirm my decision to withdraw from your care as your treating physician. It does not appear that you and I can maintain the quality of relationship that is vital to your medical care and treatment.

As my medical care is considered specialized, it ends with the receipt of this letter. It is extremely important that you place yourself under the care of another physician. If you are unable to locate one, please call the American Society of Plastic Surgeons for a referral (1-888-475-2784).

Enclosed is an authorization to release a copy of your medical record to you personally. Upon receipt of the signed form, my office will prepare a copy and mail it to you. I will also be available to discuss prior treatment with your new physician.

Very truly yours,



David A Gilbert, MD

Encl: Authorization to release medical records

