



WALNUT CREEK DENTAL

**1855 Olympic Boulevard
Suite 320
Walnut Creek, CA 94596**

**925/939-3421
925/946-4172 (FAX)**

Massood Darvish, D.D.S.

“Authorization for Release of Dental Records”

Dear Dr. _____

I, _____, request that you forward the last Set of Full Mouth X-rays, Bitewings and any significant Periapicals as well as a photocopy of my treatment record to:

Walnut Creek Dental
1855 Olympic Blvd #320
Walnut Creek, CA 94596

Your expediency would be greatly appreciated.

Thank you.

Patient's signature

Date