



WALNUT CREEK DENTAL

1855 Olympic Boulevard
Suite 320
Walnut Creek, CA 94596
925/939-3421
925/946-4172 (FAX)

Massood Darvish, D.D.S.

Physician's Immediate Reply Requested Confidential

Date: _____ Phone _____

To: _____ Fax: _____
Physician's Name Physician's Fax #

From: Dr. Massood Darvishzadeh D.D.S. Phone: (925) 939-3421

Re: _____ Fax: (925) 946-4172
Patient's Name

Subject: Medical Clearance for Dental Treatment

1. Patient's condition which may warrant special consideration: _____

2. Does this patient's medical condition require prophylactic antibiotic treatment?
Yes No

3. If so, please provide what antibiotic and protocol. _____

Physician's Signature/Date