



WALNUT CREEK DENTAL

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Massood Darvish, D.D.S.

“Dental Records Release Authorization”

I hereby authorize the office of Darvishzadeh Dental Corp to send my current X-Rays

To:

Signature_____

Date_____

To continue to strive to give our patients the best care possible, please take a few minutes to tell us what you like and dislike about our office and the reason you are leaving.

Thank You!

