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**DENTAL CLEARANCE LETTER**

Date:

To Whom It May Concern,

Re: Dental Clearance for \_\_\_\_\_ DOB \_\_\_\_\_.

This letter is to confirm that the above patient was evaluated in our office on \_\_\_\_\_.

After a comprehensive dental examination, including necessary X-rays and clinical assessment, we have determined that the patient is in good oral health and is free from any active dental infections, periodontal disease, or other oral conditions that would interfere with their upcoming surgery/medical treatment.

At this time, no additional dental treatment is required.

If you require any further information, please do not hesitate to contact our office.

Sincerely,