

	DATE:
south cove	This is to certify that Mr. / Mrs. / Ms.
community health center 華人醫務中心	had a normal dental examination at SCCHC on
	The patient:
Boston Campus Administration	( ) may return to doing light work on
145 South Street Boston, MA 02111-2826 617.521.6713	( ) may return to work full time on
(fax) 617.521.6799 South Street Clinic	( ) may return to school full time on
145 South Street Boston, MA 02111-2826	( ) had an appointment at his office on
617.521.6730 (fax) 617.457.6600	( ) is under my care for the following:
Washington Street Clinic	
885 Washington Street Boston, MA 02111-1415 617.482.7555 (fax) 617.457.6600	· · · · · · · · · · · · · · · · · · ·
O. i. o. Compute	
Quincy Campus Hancock Street Clinic	( ) Other:
435 Hancock Street Quincy, MA 02171-2428 617-318-3300 (fax) 617.457.6600	
<b>Holmes Street Clinic</b>	
88 Holmes Street Quincy, MA 02171-2431 617.318.3200 (fax) 617.457.6600	Thank you for your attention in this matter.
Brighton/Allston After-school	Regards,
<b>Enrichment Program</b>	M.D.
640 Washington Street Brighton, MA 02135 617.787.1087 (fax) 617.254.4834	SOUTH COVE COMMUNITY HEALTH CENTER Dental Department