To Our Patients: For your best dental care, you need routine cleaning and cavity check during orthodontic treatment. Please have this form filled out by your dentist or dental hygienist and return it to us at your next visit. This report keeps us updated of your dental health. In addition, you can redeem 3 tokens to exchange for prizes from your Smile Reward Program.

To Dentist and/or Hygienist – Keeping teeth clean and healthy is VERY important to us. This program has been developed to encourage our mutual patient to maintain their routine cleaning and check-ups. If you have any concerns or comments regarding this patient’s care, please send us a note or let us know if you would like us to call you.

This certifies that the above patient has completed the following: Please ☑ all that applies.

Dental Exam ☑ Cleaning ☑ No Cavities

Appointment Date: __________________________

Dentist Name: _____________________________

Dentist Signature: __________________________

Comments: ________________________________

Next cleaning due _________________________