

Certificate of Dental Cleaning

Patient Name _____

Because keeping your teeth clean and healthy is such an important part of Orthodontics Care we advise you to visit your dentist every six months for a check up and cleaning. Please print this DENTAL REWARD VOUCHER and take it to your dentist appointment. After they have completed and signed the form, return the voucher to Dr. Chad's Office and you will earn Rowan Rewards tokens!

This certifies that the above patient has completed the following:
Please check all that apply:

Dental Exam

Dental Cleaning

No Cavities

Dentist's Name: _____

Dentist's Signature _____

Date _____

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