

CERTIFICATE OF DENTAL CLEANING*

t	has just had a dental cleaning and exam
Dentist Name	Date of exam
Patient is to maintain a \Box 2 \Box 3	4 6 month cleaning schedule
Cavities yes no	
Comments	
*This completed certificate will be entered in our monthly drawing for a complimentary lunch for your entire office.	
Thank you for participating!	
NEWPORT BEACH OFFICE	LAGUNA BEACH OFFICE

Present this certificate at your appointment

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