



Dental Check up and Cleaning Certificate

I, Dr. _____ certify that

_____ has been in our office today
(patient)
for their routine checkup and/or dental cleaning. My patient thus qualifies for ten Brace Bucks* to be awarded at Dr. Fiorenti's office on submission of this form.

Dentist or Hygienist Signature

Date

*The purpose of our Brace Bucks Program is for our patients to take "ownership" in the investment of their orthodontic treatment. An integral part of this program is maintaining good oral hygiene throughout treatment, including routine visits at your office. Our hope is that this incentive program will help our mutual patients to have clean, healthy, and spot free teeth upon completion of their orthodontic treatment.

Thank you for your cooperation in helping our mutual patients achieve the smile that they have always wanted!

Dr. Fiorenti and Staff!



Certificate valid for patients in active treatment ~ May only be redeemed once every four months