



I certify that \_\_\_\_\_  
*(Print Patient's Name)*

received a dental cleaning at \_\_\_\_\_  
*(Dental Practice Name)*

on the date of \_\_\_\_\_  
*(Date of Cleaning)*

Patient Was Cavity Free!     Yes     No    Hygienist Initial \_\_\_\_\_

Hygienist Name \_\_\_\_\_  
*(Print Name)*

Hygienist Signature \_\_\_\_\_  
*(Print Name)*

When form is returned, hygienist name will be entered into our prize drawing.