

PARTNERS AGAINST PLAQUE CERTIFICATE

NAME:

I am a patient of West Orthodontics and participate
in their Patient Rewards Program.

In this program, Dr. West's patients earn points for attending
regular hygiene appointments, having no cavities and having
great oral hygiene. Returning this completed Dental Certificate
at my next orthodontic appointment ensures that points will
be added to my Patient Rewards Card, and also will enter both
me and my dental hygienist into the Partners Against Plaque
drawing at West Orthodontics.

Thank you for completing this certificate!



TODAY'S VISIT:

- Dental Cleaning and Exam (5 points)
- Great Oral Hygiene (3 points)
- No Cavities (2 points)

Today's Date:

Dental Office:

Dentist or Hygienist's Name:

Dentist or Hygienist's Signature: