



Routine Dental Cleaning
Certificate

I _____ certify that
(DDS/RDH)

_____ has been in our office today
(patient)

for their routine dental cleaning. My patient thus qualifies for three "smile tokens" tokens to be awarded at Dr. Marcy's office on submission of this form. My patient also qualifies for a bonus token by having a cavity free check-up.

Yes No

Signature DDS or RDH

Date

*The purpose of our Smile Token Reward Program is for our younger patients to take "ownership" in the investment of orthodontic treatment that their parents have provided for them. As an incentive for our patients to have routine dental cleanings with you and also by them displaying good oral hygiene throughout treatment, we will reward them with our smile tokens that they may cash in for prizes during orthodontic treatment. Our hope is that this behavioral modification incentive program will help our mutual patients to have clean, healthy, and cavity free teeth upon completion of their orthodontic treatment.

As always, we recommend that our mutual patients who are in active orthodontic treatment visit you to have **AT MINIMUM** 2 dental cleanings a year to insure healthy gums and teeth; and that you may recommend additional cleanings during the course of treatment.

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

Dr. Sean Marcy & the Marcy Orthodontics Team!