

ORTHODONTICS AND
ROOS
FACIAL ORTHOPEDICS

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CERTIFICATE ROUTINE DENTAL CLEANING

I, _____ **HYGIENIST'S NAME** _____ certify that

_____ **PATIENT'S NAME** _____ has been in our office

today for their routine dental cleaning. My patient thus qualifies

for an extra entry in the monthly Great Patient Competition

Drawing at Dr Roos' office, on submission of this form at their

next appointment.



Hygienists!

You will be entered
into a semi-annual
draw too!

Hygienist's Signature

Date

When you book your next dental cleaning appointment with your Dentist/Hygienist,
remember to also book your appointments with Dr Roos to have your wires taken off
before the cleaning and replaced again afterwards! Thank you!