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# TEETH CLEANING

Return this signed card after cleaning to be entered into our October drawing to win an iPod.

I certify that \_\_\_\_\_  
PRINT PATIENT'S NAME

on the date of \_\_\_\_\_  
DATE OF CLEANING

received a dental cleaning in

\_\_\_\_\_  
DENTAL PRACTICE NAME

\_\_\_\_\_  
DENTIST NAME (PRINT)

\_\_\_\_\_  
DENTIST SIGNATURE

