






Cavity clearance form

Return this form to Dr. De Jesus

Patient Name

To Our Patients: For your best dental care, you need routine cleaning and cavity check during orthodontic treatment. Please have this form filled out by your dentist or dental hygienist and return it to us at your next visit. This report keeps us updated of your dental health.

To Dentist and/or Hygienist – Keeping teeth clean and healthy is **VERY** important to us. This program has been developed to encourage our mutual patient to maintain their routine cleaning and check-ups. If you have any concerns or comments regarding this patient’s care, please send us a note or let us know if you would like us to call you.

This certifies that the above patient has completed the following:		
Please <input checked="" type="checkbox"/> all that applies.		
 Dental Exam	 Cleaning	 No Cavities
Appointment Date: _____		
Dentist Name: _____		
Dentist Signature: _____		
Comments: _____		

Next cleaning due _____

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Email us at

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