



# Certificate



Routine Dental Cleaning

I, Dr. \_\_\_\_\_ certify that

Valley Orthodontic patient

\_\_\_\_\_, has been seen in our

office today for their routine dental cleaning.

*My patient thus qualifies for two "VO BUCKS" to be awarded at their next Valley Orthodontic appointment upon submission of this signed form.*



\_\_\_\_\_  
Dentist or Hygienist signature

\_\_\_\_\_  
Date