



Dental Cleaning Certificate

Patient Name

I am a patient of Dr. Marston and participate in his Patient Cleaning Program.

Patients earn points for regular hygiene appointments, no cavities and
Completion of recommended dental treatment. Returning this completed
Dental Certificate at my next orthodontic appointment ensures that points will

Be added to my Marston Reward Card.

Thank you for completing this certificate!

Dental Cleaning Certificate

This certifies that the above patient has completed the following:

_____ Dental cleaning and exam _____ No cavities

_____ Requested dental treatment completed

Dentist or Hygienist Signature: _____ Today's Date: _____

Practice Name: _____

