



Emily F. Howell, DMD, PC

Routine Dental Cleaning Certificate

I, Dr. _____ certify that

_____ has been in our office
(patient)

today for his or her routine dental cleaning. My patient thus qualifies for five “points”, to be awarded at Dr. Howell's office upon submission of this form.

Dentist Signature

Date

***As an incentive for our patients to have routine dental cleanings with you and also by them displaying good oral hygiene throughout treatment, we will reward them with points. Once they have earned 25 points, they will receive a gift card of their choice to Wal-Mart or Target. Our hope is that this incentive program will help our mutual patients to have clean, healthy teeth upon completion of their orthodontic treatment. As always, we recommend that our mutual patients who are in active orthodontic treatment visit you to have at least 2 routine dental cleanings a year to insure healthy gums and teeth.**

THANK YOU for your cooperation in helping our mutual patients achieve the smile that they have always wanted!

Emily F. Howell, D.M.D. and Ortho Team!