

# CV Orthodontics Cleaning Report

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Patient Name

**Working together for a healthy, beautiful smile**

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Hygienist or Dentist Name

Was a cleaning done today? Yes / No

If an exam was done, were there any cavities? Yes / No / Exam not due

Date of dental cleaning \_\_\_\_\_

Next dental cleaning date \_\_\_\_\_

Recommendations (if any):

Please give this to the patient after their cleaning.  
If they return it to our office, they will receive \$400 in Carlsbad or Carmel Cash and an additional \$100 if they are cavity free. You will also be entered in a raffle for a \$50 gift card to thank you for reinforcing the importance of oral hygiene!

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