

CVO Cleaning Report

PATIENT NAME

WORKING TOGETHER FOR A HEALTHY, BEAUTIFUL SMILE

HYGIENIST OR DENTIST NAME

Was a cleaning done today? Yes No

If an exam was done, were there any cavities? Yes No

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 into a raffle for a \$50 gift card to thank you for reinforcing the importance of oral hygiene!

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