

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!

PARMIS SIONIT, DDS, MSD & KELLY TAYLOR, DDS, MSD



12395 EL CAMINO REAL, SUITE #309
SAN DIEGO, CA 92130

info@CarmelValleyOrtho.com

Carmelvalleyortho.com

Ⓟ 858.757.SMILE (7645)



1291 CARLSBAD VILLAGE DRIVE
CARLSBAD, CA 92008

info@CarlsbadVillageOrtho.com

Carlsbadvillageortho.com

Ⓟ 760.434.SMILE (7645)