



# RYCKMAN

## ORTHODONTICS

### Proof of Dental Cleaning

Return this form to Ryckman Orthodontics to redeem for an extra punch on your rewards card!

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Patient Name

**To Our Patients:** We recommend routine cleaning and checks ups with your dentist and dental hygienist. Please have this form filled out by your dentist or dental hygienist and return it to us at your next visit. You can redeem this form form an extra punch on your rewards punch card.

**To Dentist and/or Hygienist:** This program was developed to encourage our patients to maintain their routine cleaning and check-ups through out the course of their orthodontic treatment. If you have any comments or concerns regarding this patient, please send us a note or email us at [info@braces4dayton.com](mailto:info@braces4dayton.com).

This certifies that the above patient has completed their dental exam and cleaning.

Appointment Date: \_\_\_\_\_

Dentist/Hygienist Name: \_\_\_\_\_

Dentist/Hygienist Signature: \_\_\_\_\_

Next cleaning due: \_\_\_\_\_

Comments: \_\_\_\_\_

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