



## Routine Dental Cleaning Certificate

I, Dr. \_\_\_\_\_ certify that

\_\_\_\_\_ has been in our office today  
(patient)

for their routine dental cleaning. My patient thus qualifies for five  
"tokens", to be awarded at Dr. Teichman's office on submission of this form.

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Address Stamp

\*The purpose of our Token Reward Program is for our patients to take "ownership" in the investment of orthodontic treatment that their parents have provided for them. 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 our tokens that they may cash in for prizes during orthodontic treatment. Our hope is that this behavioral modification incentive program will help our mutual patients to have clean, healthy, and spot free 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 3 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!

**Michael Teichman, D.D.S. and Ortho Team!**