

Cavity Check

Please call your dentist to schedule a cleaning appointment.



Hygiene

-  Excellent
-  Good
-  Fair
-  Poor




Patient Name:

DDS Signature:

Cavities

-  None
-  Yes. Location:

Next Cleaning

-  6 months
-  4 months
-  Other:

DOB:

Date:

Comments: Cleared to start/continue orthodontic treatment.