



## Routine Dental Cleaning Certificate

I, Dr. \_\_\_\_\_ certify that \_\_\_\_\_ has been in our office today for their dental cleaning. My patient thus qualifies for five “coins” to be awarded at Dr. Bell’s office on submission of this form.



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



Cavity Free?  
\_\_\_\_\_

\_\_\_\_\_  
Date



\*\*The purpose of our Bell Bucks Coin Reward Program is for our younger 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 ‘Bell Bucks coins’ that they may cash in for prizes during orthodontic treatment. Our hope is that this incentive program will help our mutual patients to have clean and healthy teeth at the completion of treatment.

Thank you for your cooperation in helping our mutual patients achieve the smile that they have always wanted!

**Your Team at  
Bell Orthodontic Solutions**

*Courtney*  
*Dr. Bell*  
*mariah*  
*Jenny*  
*Mike*  
*Hailey*  
*Hannah*  
*Bailey*  
*Dois*  
*Jacqui*  
*Olivia*  
*Jessica*  
*Jordan*  
*Steph*  
*Jasmin*  
*megan*  
*Autumn*  
*April*