



**SANBORN**  
ORTHODONTICS

**CERTIFICATE  
ROUTINE DENTAL CLEANING**

I, Dr. \_\_\_\_\_

certify that \_\_\_\_\_

has been in our office today for their routine dental cleaning.

My patient thus qualifies for two (2) "San Dollars" to be awarded  
at Dr. Sanborn's office with submission of this form.

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

**Shaping Futures, One Smile at a Time!**

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