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CERTIFICATE ROUTINE DENTAL CLEANING

I, Dr. _____ certify that

_____ has been in our office

today for their routine dental cleaning. My patient thus qualifies
for tokens to be awarded at Dr. Paul Styr's office on submission
of this form.

Dentist's or Hygienist's Signature

Date

Hygiene Grade = A B C
(A=3 tokens, B= 2 tokens, C=1 token)

