



Patient Oral Hygiene Passport

Complete this card when you visit your dentist for your regularly scheduled exams and cleanings.

Return to our office after your cleaning appointment, and BOTH you and your hygienist will be entered into our PRIZE drawing. Winners are chosen every six months.

Patient's Name

Patient's Phone Number

Date of Recent DDS Visit

Hygienist / Doctor's Office

Signature of Hygienist

**** healthy grins always win ** healthy grins always win ** healthy grins always win ****