



COMPLETED:

Dental cleaning & exam

No cavities

Recommended dental treatment needed

Notes: _____

bracesbyholt.com

HYGIENE SCORE CARD

Name: _____

I am a patient of Holt Orthodontics and Dr. Holt has stressed the importance of returning to your office for regular preventative maintenance. Returning this completed card at my next orthodontic appointment ensures that I am keeping my follow up appointments.

Dentist or Hygienist's Name: _____

Practice Name: _____

Today's Date: _____

Dentist or Hygienist's Signature: _____

Notes: _____
