



15224 Main Street Suite 302  
Mill Creek, WA 98212

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Dentist: \_\_\_\_\_

Hygienist: \_\_\_\_\_

Comments:

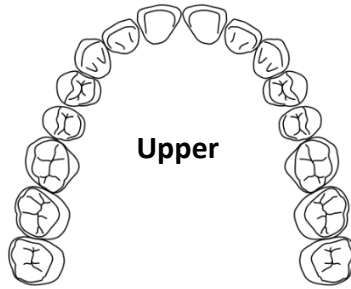
**Hygiene:**

- Excellent!
- Needs some improvement
- Needs significant improvement

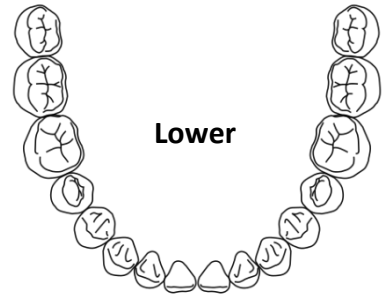
*When brushing/flossing, focus more attention on the areas circled below.*

**Healthy grins always WIN!**

*Bring this completed certificate to your next appointment  
at Dr. Sullivan's office to receive a \$5 gift card!*



Upper



Lower