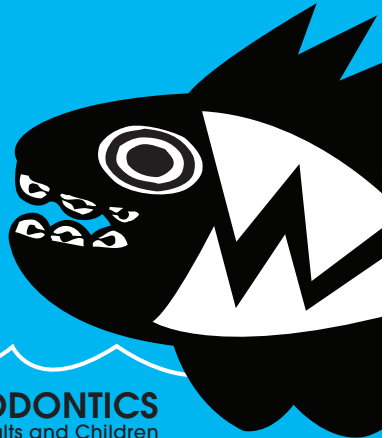


VIP SMILE CARD



DIGIOVANNI ORTHODONTICS
Specialists in Orthodontics for Adults and Children

CERTIFICATE OF DENTAL CLEANING*

_____ has just had a dental cleaning and exam

Dentist Name _____ Date of exam _____

Patient is to maintain a 2 3 4 6 month cleaning schedule

Cavities yes no

Comments _____

*This completed certificate will be entered in our monthly drawing for a complimentary lunch for your entire office.

Thank you for participating!

NEWPORT BEACH OFFICE

1401 Avocado Ave #203 ■ 949.640.0202

LAGUNA BEACH OFFICE

1166 Glenneyre ■ 949.494.8555

Present this certificate at your appointment