


Dental
CHECK IN

Patient's Name

Today's Date

Patient Completed:

- Dental Cleaning and Exam
- No Cavities
- Recommended Dental Treatment

Next Cleaning Appointment

Practice Name

Dentist or Hygienist's Name

Dentist or Hygienist's Signature


Dental
CHECK IN

Patient's Name

Today's Date

Patient Completed:

- Dental Cleaning and Exam
- No Cavities
- Recommended Dental Treatment

Next Cleaning Appointment

Practice Name

Dentist or Hygienist's Name

Dentist or Hygienist's Signature