



SKRUBBING CLEAN

NAME _____

HAS COMPLETED THEIR SIX MONTH
CLEANING AND REGULAR DENTAL EXAM
AT DR. _____ OFFICE

ON _____ SIGNED _____

RETURN THIS CERTIFICATE FOR YOUR CONGRATULATORY WOODEN NICKELS



DOMENIC A. MAZZOCCO, D.M.D. 247 HANDOVER STREET HANDOVER, MA 02339 781-826-3900