



Peter M. Pellegrini, D.D.S., M.S., P.S.

DENTAL VISIT FORM

Patient Name

I'm an orthodontic patient of Dr. Peter Pellegrini and earn "Greenie" Points for seeing you on a regular basis.

Bringing in this Dental Visit Form to my next orthodontic appointment earns me points in the Pellegrini Orthodontics' Rewards Program.

Thank you for completing this form and for your cooperation!

**This certifies that the above patient has completed the following:
(Please circle all that apply)**

DENTAL EXAM

HYGIENE/CLEANING

Dentist Signature: _____ **Appointment Date:** _____

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