

TAVAREZ T-BUCKS PROGRAM

Certificate for Your Dental Hygiene

This certifies that _____

has been in Dr. _____'s office

on ____/____/____ for a dental hygiene visit.

Hygiene was: good fair needs improvement.

Upon submission of this form, this patient qualifies for up to 5 **"T-BUCKS"**
to be awarded by Dr. Tavarez's orthodontic team.

Dentist or Hygienist Signature



800 Menlo Ave., Suite 101 | Menlo Park, CA 94025 | P: 650-329-9600 • 1785 San Carlos Ave., Suite 7 | San Carlos, CA 94070 | P: 650-592-3111

www.drtavarez.com | info@drtavarez.com

TAVAREZ T-BUCKS PROGRAM

Certificate for Your Dental Hygiene

This certifies that _____

has been in Dr. _____'s office

on ____/____/____ for a dental hygiene visit.

Hygiene was: good fair needs improvement.

Upon submission of this form, this patient qualifies for up to 5 **"T-BUCKS"**
to be awarded by Dr. Tavarez's orthodontic team.

Dentist or Hygienist Signature



800 Menlo Ave., Suite 101 | Menlo Park, CA 94025 | P: 650-329-9600 • 1785 San Carlos Ave., Suite 7 | San Carlos, CA 94070 | P: 650-592-3111

www.drtavarez.com | info@drtavarez.com