



Donna Panucci, DDS

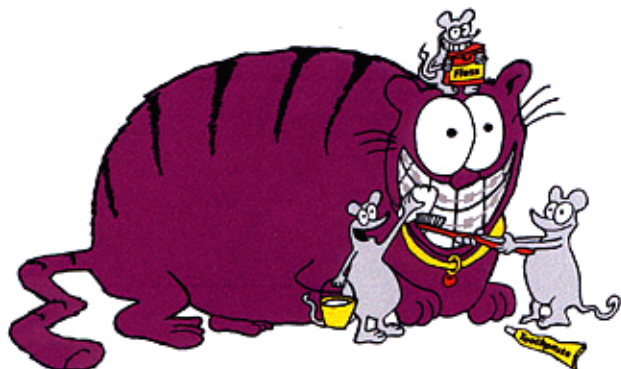
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CERTIFICATE ROUTINE DENTAL CLEANING

I, Dr. _____ certify that

_____ has been in our
(Patient)

office today for their routine dental cleaning. My patient thus qualifies for five "Panucci Pesos" to be awarded at Dr. Donna Panucci's office on submission of this form.



Dentist's Signature

Date

Orthodontics for Adults & Children