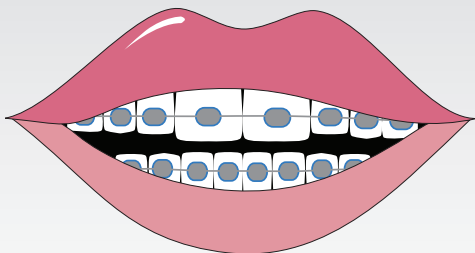


Smile Check

The Card that will make you smile



Dental Cleaning



Periodontal Exam



Jana Tumpkin McQueen, D.D.S.

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Jana Tumpkin McQueen, D.D.S.

Patient Name: _____

Date Completed: _____

Dentist Signature: _____