



MERIDIAN PARK
ORTHODONTICS

Drew T. Herion, DDS, MS

Certificate of Routine Dental Cleaning

I, Doctor _____ certify that

(patient's name)

has been in our office today for their routine dental cleaning. Thus, our patient qualifies to be awarded **FOUR** tokens by Dr. Drew Herion upon submission of this certificate as part of our rewards program.

Dentist signature _____

Date _____

phone : (503) 691-9970

fax : (503) 691-9925

e mail: drewherion@gmail.com

meridianparkorthodontics.com

19255 S.W. 65th Avenue
Suite 230
Tualatin, Oregon
97062

SPECIALIST IN ORTHODONTICS