

Healthy Smiles Program



Take this form with you when you visit your family dentist for your regular hygiene appointment. Have your hygienist fill it out for you. You can then bring it back to our office or email the form to info@varalloortho.com

You and your hygienist will both be entered in our "Healthy Smiles Program Contest" Winners are drawn once a month!



Don't forget - your smile will be a winner too!

VARALLO
ORTHODONTICS

FILL OUT THIS FORM AND RETURN TO OUR ORTHODONTIC OFFICE
FOR A CHANCE TO WIN A GREAT PRIZE FOR BOTH OF YOU!

Patient's name: _____

Phone number: _____ Date of hygiene visit: _____

Hygienist's name: _____

Office of Dr.: _____

Hygienist signature: _____

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