



COOKE
ORTHODONTICS

Mary C. Cooke DDS, MS

Date _____

Patient name _____

Please indicate oral hygiene grade (Check one)

- A** No swelling of gums, no plaque
- B** Swelling OR plaque present
- C** Both gingivitis and plaque
- D** Considerable amount of plaque/severe swelling of gums; damage to teeth imminent
- F** Totally inadequate oral hygiene; I recommend ceasing orthodontic treatment until improved

Areas to work on _____

Next cleaning date _____

Recommended frequency of cleaning _____

Dr / Hygeinist name _____

Please give this to the patient after his/her cleaning. If they return it to our office, they will receive **5 Cooke Credits** & the dentist/hygeinist will be entered in a **raffle!**

Thank you for taking such good care of our patients.

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