

Dr. Stephen Hershey

Dental Ticket

ADMIT ONE

ADMIT ONE

Patient: _____

Date: _____



(Circle all that apply)



Cleaning/Check-up



No Cavities

D.D.S/R.D.H initials: _____

Have your Dentist/Hygienist sign at your check-up. Return your certificate to Dr. Hershey to redeem your points

Dr. Stephen Hershey

Dental Ticket

ADMIT ONE

ADMIT ONE

Patient: _____

Date: _____



(Circle all that apply)



Cleaning/Check-up



No Cavities

D.D.S/R.D.H initials: _____

Have your Dentist/Hygienist sign at your check-up. Return your certificate to Dr. Hershey to redeem your points

Dr. Stephen Hershey

Dental Ticket

ADMIT ONE

ADMIT ONE

Patient: _____

Date: _____



(Circle all that apply)



Cleaning/Check-up



No Cavities

D.D.S/R.D.H initials: _____

Have your Dentist/Hygienist sign at your check-up. Return your certificate to Dr. Hershey to redeem your points