



**WHEATON**  
ORTHODONTIC CENTER

**Patient Name:**

\_\_\_\_\_

**Hygienist:**

\_\_\_\_\_

Dr David Allen  
116 West Willow Ave  
Wheaton, IL 60187  
[www.wheatonorthodontics.com](http://www.wheatonorthodontics.com)

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**Date:**

**Comments**

Large green rectangular area for patient comments.