



# **2019 DENTAL**

## **Checklist**

*To be completed by your Dentist at time of visit*

PTI Engineered Plastics  
50900 Corporate Drive  
Macomb MI 48044  
Tel: (586) 263-5100  
HR Fax: (586) 203-4682  
Contact: Talei Berger

### **RECOMMENDED PREVENTATIVE SCREENINGS**

Patient Name: \_\_\_\_\_

**\*\* No Results. Require ✓ check, date and initial only \*\***

#### **DENTAL (Required once a year)**

☐ Exam \_\_\_\_\_  
(date and initial)

☐ Cleaning \_\_\_\_\_  
(date and initial)

**Dentist Signature:**

**Date**

**Dentist Stamp**

**DOCTOR SHOULD COPY  
FOR PATIENT FILE.**