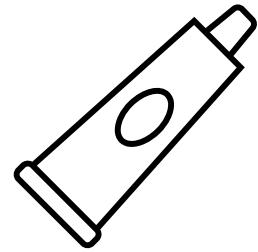
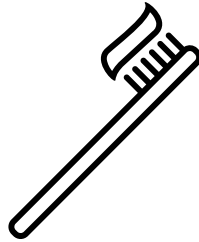




Rotochopper Dental Exam Form

By signing below I certify that _____ (Rotochopper Employee Name) has had their annual dental preventative and diagnostic services completed in my office.



Dentist Signature: _____ Date: _____