



# DENTAL REWARD CERTIFICATE

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NAME: \_\_\_\_\_

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Patients earn points for regular hygiene appointments, no cavities and completion of recommended dental treatment. Returning this completed Dental Certificate at my next orthodontic appointment ensures that points will be added to my VIP Rewards Card.

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**This certifies that the above patient has completed the following:**

- Dental cleaning and exam     No cavities     Recommended dental treatment

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Dentist or Hygienist Name: \_\_\_\_\_

Dentist or Hygienist Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Dentist or Hygienist Signature: \_\_\_\_\_

Dentist or Hygienist Signature: \_\_\_\_\_