



Dental Reward Certificate

Patient Name

I am a patient of All Smiles Orthodontics and participate in their Patient Rewards Program.

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 Patient Rewards Card.

Dentists and Hygienists can earn rewards too!
Each completed certificate will be entered into a drawing for a prize.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

_____ Dental cleaning and exam

_____ No cavities

_____ Recommended dental treatment completed

Dentist or Hygienist Name: _____

Dentist or Hygienist Signature: _____

Practice Name: _____

Today's Date: _____