

DENTAL REWARD CERTIFICATE

Patient Name

I am a patient of Menai 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.

Thank you for completing this certificate!

This certifies that the above patient has completed a cleaning and exam

Dentist or Hygienist Name: _____

Dentist or Hygienist Signature: _____

Practice Name: _____

Today's Date: _____