

# Dental Reward Certificate

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

I am a patient of Carlton Orthodontics and participate in their Patient Rewards Program. I understand that patients earn points for attending regular hygiene appointments, having no cavities and completing the recommended dental treatments. 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 achieved the following:**

Dental Cleaning  
and Exam

No  
Cavities

Recommended Dental  
Treatment Completion



Dentist or Hygienist's Name \_\_\_\_\_

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

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

Dental or Hygienist's Signature \_\_\_\_\_

[www.CarltonOrtho.com](http://www.CarltonOrtho.com)

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