

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

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