

Dental Reward Certificate

Patient Name

I am a patient of Dr. Patel at Orthodontic Associates and participate in their Patient Rewards Program.

Patients earn points for routine 6 month dental cleanings. Returning this completed Dental Certificate ensures that points will be added to my Patient Rewards Card. Thank you for completing this form!



This certifies the completion of a dental cleaning or exam:

Dentist/Hygienist Signature: _____

Date: _____

Practice Name: _____