

Dental **REWARD** *certificate*

NAME: _____

I am a patient of Britton Farnsworth 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!

Dentist or Hygienist's Name: _____

Practice Name: _____

Today's Date: _____

Dentist or Hygienist's Signature: _____

PATIENT COMPLETED:

- Dental cleaning and exam
- No cavities
- Recommended dental treatment

