

Dental Reward Certificate

Patient Name

I am a patient of Hingham & Kingston Orthodontics and participate in their Patient Rewards Program.

Patients earn points for regular dental cleaning or exams. 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 dental cleaning or dental exam.

Dentist or Hygienist Signature: _____ **Today's Date:** _____

Practice Name: _____



www.hinghamorthodontics.com
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