

Dental



ROSS & MUNN
ORTHODONTICS

Reward

CERTIFICATE

NAME: _____

I am a patient of Ross & Munn 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!

Patient Completed:

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

Dentist or Hygienist's Name: _____

Practice Name: _____

Today's Date: _____

Dentist or Hygienist's Signature: _____