

Dental Reward Certificate

Patient Name:

I am a patient of Cory Liss Orthodontics and participate in their Smile Rewards Program. Patients can 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 rewards card.

- Dental Cleaning and Exam
- No Cavities
- Recommended Dental Treatment Completion

Dentist or Hygienist's Name _____

Practice Name _____

Today's Date _____

Dentist or Hygienist's Signature _____