



Dental Rewards Certificate

Patient Name

I am a patient of Kim Orthodontics and earn reward points for seeing you on a regular basis, having no cavities, and completing requested dental treatment.

Thank you for completing this certificate.

_____ Dental checkup
_____ No cavities
_____ Requested treatment completed

Dentist's Name: _____

Dentist/Team Member Signature: _____ Date: _____



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