

Dental Reward

Certificate

Patient Name

I am a patient of Signature Orthodontics and participate in their
Patient Rewards Program.

Patients earn points for regular hygiene appointments and no cavities. Returning this
completed Dental Certificate at my next orthodontic appointment ensures that points will be
added to my VIP Rewards Card.

Each completed certificate will be entered into a draw for great prizes.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

_____ **Dental cleaning and exam**

_____ **No cavities**

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

Practice Name: _____



SIGNATURE ORTHODONTICS 12913-140 Ave NW Edmonton, Alberta T6V 0A3, 780-456-1511

www.SignatureOrthodontics.com