

# Dental Reward Certificate

Patient Name: \_\_\_\_\_

I am a patient of Panucci & Jackfert Orthodontics and participate in their Smile Rewards Program.

Patients earn points for regular hygiene appointments, no cavities and completion of recommended dental treatment. 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 the following:**

\_\_\_\_\_ Dental cleaning and exam

\_\_\_\_\_ No cavities

\_\_\_\_\_ Recommended dental treatment completed \_\_\_\_\_

Dentist or Hygienist Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_



Dentist or Hygienist Signature: \_\_\_\_\_



[www.panuccismiles.com](http://www.panuccismiles.com)