

# CHECK UP CARD

PATIENT'S NAME

Returning this completed form at my next orthodontic appointment with **Orthodontic Specialty Services** ensures that points will be added to my rewards card.

- I completed my dental cleaning and exam
- I had no cavities today!
- Completed my recommended dental treatment

DENTIST OR HYGIENIST'S NAME

PRACTICE NAME

DENTIST OR HYGIENIST'S SIGNATURE



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