



Dental Reward Certificate

_____ *Patient Name*

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

I can 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.

Dentists and Hygienists can earn rewards too!
Each completed certificate will be entered into a drawing for a prize.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

_____ **Dental cleaning and exam** _____ **No cavities**

_____ **Requested dental treatment completed**

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

Practice Name: _____



Zammitti Orthodontics

www.CharlotteBraces.com