



\_\_\_\_\_  
NAME

I am a patient of Buckeye Orthodontics and participate in their Patient 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

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

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

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

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

**Buckeye**  
ORTHODONTICS

[www.buckeye-orthodontics.com](http://www.buckeye-orthodontics.com)