

# Dental Reward Certificate

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

I am a patient of McCormick Orthodontics and participate in their Patient Rewards Program. I understand that patients earn points for attending regular hygiene appointments. 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 achieved the following:**

**DENTAL CLEANING AND EXAM**



Dentist or Hygienist's Name \_\_\_\_\_

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

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

Dentist or Hygienist's Signature \_\_\_\_\_

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