



DENTAL REWARD

NAME: _____

CERTIFICATE

I am a patient of Pierson Orthodontics and participate in their Pierson Perks Program. I understand that patients earn points for attending regular hygiene appointments, having no cavities and completing the recommended dental treatments. Returning this completed Dental Certificate at my next orthodontic appointment ensures that points will be added to my Pierson Perks Card. Thank you for completing this certificate!

This certifies that the above patient has achieved the following:

<input type="checkbox"/>	Dental Cleaning and Exam	Dentist or Hygienist's Name _____
<input type="checkbox"/>	No Cavities	Practice Name _____
<input type="checkbox"/>	Recommended Dental Treatment Completion	Today's Date _____
		Dentist or Hygienist's Signature _____