

Dental Reward Certificate

Patient Name

I am a patient of Morpho 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



Recommended Dental
Treatment Completed



morpho
ORTHODONTICS

Dentist or Hygienist Name: _____

Practice Name: _____

Today's Date: _____

Dentist or Hygienist: _____

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