

Dental Reward Certificate

Patient Name

**I am a patient of Orthodontic Specialists of St. Louis and
participate in their Smile Rewards Program.**

**Patients earn points for regular hygiene appointments and being cavity
free. Returning this completed Dental Certificate at my next orthodontic
appointment ensures that points will be added to my Smile 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:

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**Dental cleaning
and exam**

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**No cavities
and good oral hygiene**

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

Practice Name: _____

