

# DENTAL REWARD CERTIFICATE

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

I am a patient of Morita Orthodontics and participate in their Responsibility 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

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

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

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

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

