



# Dental Reward Certificate

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*Patient Name*

I am a patient of Dr. Buchler and participate in her Smile 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 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:*

\_\_\_\_\_ Dental cleaning and exam

\_\_\_\_\_ No cavities

\_\_\_\_\_ Requested dental treatment completed

Dentist or Hygienist Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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