

Dental Reward Certificate

_____ *Patient Name*

I am a patient of Ostler Orthodontics and I participate in their Smile Rewards Program.

I can earn points for regular hygiene appointments 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.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

_____ **Hygiene/Dental exam appointment completed**

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

Practice Name: _____

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509-943-2505

OSTLER ORTHODONTICS
M. Scott Ostler, DDS, MSD

YOU'VE GOT A LOT TO SMILE ABOUT

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