



# Dental Reward Certificate

*Everyone deserves a beautiful smile!*

Please fill in the information below and return this certificate  
to Moin Orthodontics to receive your Smile Rewards!

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

*This certifies that the above patient has completed a dental cleaning and exam.*

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

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

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