



Dental Rewards Certificate

(Name)

I am a patient of Arbit Orthodontics and participate in their Patient Rewards Program. Patients can earn points for attending regular hygiene appointment and having no cavities. Returning this completed Dental Certificate at my next orthodontic appointment ensures that points will be added to my rewards account.

Dentist or Hygienist _____

Practice _____

Today's Date _____

Signature _____

Check all that Apply

Dental Cleaning and Exam

Cavity Free

www.arbitbraces.com/rewards