

Dental Certificate



Patient Name

I am a patient of White Orthodontics and participate in their Smile Rewards Program. I can earn points for regular cleaning and dental exam visits. 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 a cleaning and dental exam

Practice Name: _____ Today's Date: _____

Dentist or Hygienist Signature: _____

White Orthodontics

5237 Hickory Park Drive
Glen Allen, VA 23059
804-747-7447