

Moshiri Orthodontics Smile Rewards

PATIENT NAME _____

I'm a patient of Moshiri Orthodontics and
earn rewards points for seeing you on a regular basis.

Bringing in this Dental Reward Certificate at my next orthodontic
appointment guarantees 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:
(Please circle all that apply)

Dental Exam Cleaning No Cavities Requested Treatment Complete

Dentist Initials: _____ Appointment Date: _____

Dr. or Practice Name: _____

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for a smile that lasts

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