



Dental Reward Certificate

Patient Name

I am a patient of Bankhead Orthodontic Specialists and participate in their Patient Rewards Program. Patients earn points for regular hygiene appointments, and no cavities. Returning this completed Dental Certificate at my next orthodontic appointment ensures that points will be added to my Patient Rewards Card. Thank you for completing this certificate!

This certifies that the above patient has completed the following:

Dental Cleaning & Exam

No Cavities

Dentist or Hygienist Name _____

Today's Date _____

Practice Name _____

Dental or Hygienist Signature _____

O' Fallon Orthodontics
3006 Highway K
O'Fallon, MO 63368
636-978-8848

Chesterfield Orthodontics
4 West Drive, Suite 170
Chesterfield, MO 63017
636-778-9345

Wentzville Orthodontics
1051 W Pearce Blvd.
Wentzville, MO 63385
636-332-2350

Warrenton Orthodontics
511 Ashland Avenue
Warrenton, MO 63383
636-456-37709

Columbia Orthodontics
1060 Admiral Weinel Blvd.
Columbia, IL 62236
618-281-3399

Waterloo Orthodontics
224 Bradford Lane, Suite B
Waterloo, IL 62298
618-939-7979

www.BankheadOrtho.com