

Dental Reward Certificate

Patient Name

I am a patient of Finesse Orthodontics and participate in their Finesse Funds Program. I understand that patients earn funds for attending regular hygiene appointments, having no cavities and completing the recommended dental treatments. Returning this completed Dental Certificate at my next orthodontic appointment ensures that funds will be added to my Finesse Funds Card. Thank you for completing this certificate!

This certifies that the above patient has achieved the following:

Dental Cleaning
and Exam

No
Cavities

Recommended Dental
Treatment Completion

finesse
ORTHODONTICS

Dentist or Hygienist's Name_____

Practice Name_____

Today's Date_____

Dentist or Hygienist's Signature_____