



Wiger _____
Orthodontics

Dental Reward Certificate

Patient Name

I am a patient of Wiger Orthodontics and participate in their **Star Rewards Program**. Patients earn points for regular hygiene appointments. Returning this completed Dental Certificate at my next orthodontics appointment ensures that points will be added to my Star Rewards Card.

Thank you for completing this certificate!

THIS CERTIFIES THAT THE ABOVE PATIENT HAS COMPLETED A DENTAL CLEANING AND EXAM.

Dentist or Hygienist Signature: _____ Today's Date: _____

Practice Name: _____



**STAR
REWARDS**
wigerorthodontics.com