



PATIENT NAME

I am a patient of Top Nova and Top Nova Patient Rewards
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 Patient 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: _____

**TOP NOVA
ORTHODONTICS**

www.TopNovaOrthodontics.com