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**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](http://www.TopNovaOrthodontics.com)