

SMILE *it's kadar*

Dental Reward Certificate

PATIENT NAME _____

I am a patient of Kadar Orthodontics and participate in the Kadar Kash Klub Program.

Patients earn points for regular hygiene appointments, no cavities and completion of recommended dental treatments. Returning this completed Dental Reward Certificate at my next orthodontic appointment ensures that points will be added to my Kadar Kash Klub Card.

Thank you for completing this certificate!



This certifies that the above patient has completed the following:

- _____ Dental cleaning and exam
- _____ No cavities
- _____ Recommended dental treatment completed

Dentist or Hygienist Name: _____

Dentist or Hygienist Signature: _____

Practice Name: _____

Today's Date: _____