



PATIENT REWARDS PROGRAM POINTS

PATIENT NAME _____

I am a patient of Sarver Orthodontics
and participate in their Sarver Smile Rewards Program.

Patients earn points for regular hygiene appointments and having no cavities.
Returning this completed Dental Certificate at my next orthodontic appointment
ensures that points will be added to my Sarver Smile Rewards Card.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

_____ **Cleaning / Exam**

_____ **No cavities**

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

Practice Name: _____

DAVID SARVER, DMD, MS
1705 Vestavia Parkway
Birmingham, AL 35216
205-979-7072

WWW.SARVERORTHO.COM