



R. CREE
Hamilton
Orthodontics Exclusively D.D.S. M.S.

Hamilton World Changers
DENTAL REWARD VOUCHER

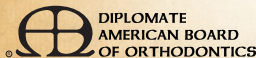
PATIENT NAME _____

I'm a patient of Hamilton Orthodontics and earn rewards points for seeing you on a regular basis. I also earn an extra reward point for no cavities! Bringing in this Dental Reward Voucher at my next orthodontic appointment guarantees points will be added to my Reward Card. – Thank you for completing this voucher!

THIS CERTIFIES THAT THE ABOVE PATIENT HAS COMPLETED THE FOLLOWING:
(Please check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Dental Exam | <input type="checkbox"/> No Cavities |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Requested Treatment Complete |

Dental Team Member Initials: _____ Date: _____



Member
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