



Kingston  
ORTHODONTICS  
*the power of your smile*

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Patient Name

I am participating in a hygiene rewards program at Kingston Orthodontics.

I receive point for good oral hygiene, and I receive **two points** when I attend for a routine visit to see you.

Thank you for completing this voucher!

This certifies that the above patient has completed the following:

(Please check all that apply)

Routine cleaning \_\_\_\_\_

No Cavities \_\_\_\_\_

Hygienist/Assistant signature: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

**Redemption value: 2 rewards points**