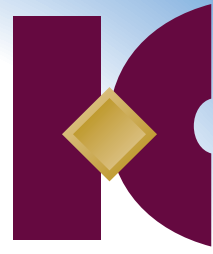




Kyle R. Childers DMD MS
ORTHODONTICS



Dental Reward Certificate

PATIENT NAME

I'm a patient of Childers Orthodontics and earn rewards points for seeing you on a regular basis.

Bringing in this Dental Reward Certificate at my next orthodontic appointment guarantees points will be added to my Swipe-N-Smile Card.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:
(Please circle all that apply)

Dental Exam Cleaning Requested Treatment Complete

Patient Presents With Good Oral Hygiene And No Cavities

Dentist/Hygienist Initials: _____ Appointment Date: _____

Dr. or Practice Name: _____

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201 West Washington Street
Benton, IL 62812
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300 Small Street
Harrisburg, IL 62946
Phone: (618) 252-0770

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