



CHANG
ORTHODONTICS

CHANGING LIVES
ONE SMILE AT A TIME

DENTAL REWARDS CERTIFICATE

Patient Name

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

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

Thank you for completing this certificate!

This certifies that the above patient has completed the following

_____ **Dental cleaning / exam** _____ **Requested treatment**

_____ **No cavities**

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

Practice Name: _____

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