

Dental Reward Certificate

Patient Name

I am a patient of Dr. Brian R. Gaudreault and participate in his Patient Rewards Program.
Thank you for completing this certificate!

This certifies that the above patient has completed the following:

_____ **Dental cleaning and exam** _____ **No cavities**
_____ **Requested dental treatment completed**

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

Practice Name: _____

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