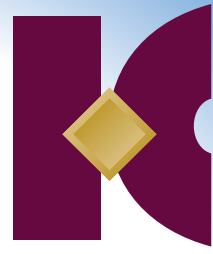




Kyle R. Childers DMD MS
ORTHODONTICS



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: _____

Benton Office
201 West Washington Street
Benton, IL 62812
Phone: (618) 438-2815

Harrisburg Office
300 Small Street
Harrisburg, IL 62946
Phone: (618) 252-0770

Herrin Office
3315 Patriot Court
Herrin, IL 62948
Phone: (618) 997-1800