



I, DR. _____ CERTIFY THAT

_____ HAS BEEN IN OUR OFFICE TODAY
(PATIENT NAME)
FOR THEIR ROUTINE DENTAL CLEANING.

MY PATIENT, THEREFORE, QUALIFIES FOR 1 ANCHOR AWARD TO BE AWARDED AT
DR. PATEL'S OFFICE UPON SUBMISSION OF THIS FORM.

DENTIST SIGNATURE

DATE

*The purpose of our Anchor Awards Program is for our patients to take "ownership" in the investment of orthodontic treatment that their parents have provided for them. As an incentive for our patients to have routine dental cleanings with you and also by them displaying good oral hygiene throughout treatment, we will reward them with our Anchor Awards that they can redeem for gift cards during orthodontic treatment. Our hope is that this behavioral modification incentive program will help teach accountability for oral health. As always, we recommend that our mutual patients who are in active orthodontic treatment visit you to have at least 2 routine dental cleanings a year to insure healthy gums and teeth.

Thank you for your cooperation in helping our mutual patients achieves the smile that they deserve!