

# CERTIFICATE

## DENTALREWARD



CORINTH  
ORTHODONTICS



TROPHY CLUB  
ORTHODONTICS

**Patient Name:**

I am a patient of Dr. Fernando Vignolo and participate in his VIP Rewards Program.

I understand that patients earn points for attending regular hygiene appointments, having no cavities, and completing the recommended dental treatments. Returning this completed Dental Certificate at my next orthodontic appointment ensures that points will be added to my VIP Rewards Card.

**PATIENT COMPLETED**

- Dental Cleaning and Exam
- No Cavities
- Recommended Dental Treatment Completion

**Dentist or Hygienist's Name:**

**Practice Name:**

**Today's Date:**

**Dentist or Hygienist's Signature:**

