



_____ PATIENT NAME

I'm a patient of Dr. Keith Wickizer at Acuity Orthodontics and can win a **Wii** or **Ipod Touch** for seeing you on a regular basis.

Bringing in this Dental Reward Certificate at my next orthodontic appointment guarantees that I will be entered into a contest for these cool prizes.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

(Please circle all that apply)

Dental Exam Cleaning No Cavities Requested Treatment Complete

Dentist Initials:

Appointment Date:

Dr. or Practice Name: _____



ACUITY
ORTHODONTICS

KEITH S. WICKIZER DMD MS ABO
SPECIALIST IN ORTHODONTICS