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DENTAL VISIT VOUCHER

PLEASE COMPLETE AND RETURN TO RENDON ORTHODONTICS

Patient Name: _____

I'm a patient of Rendon Orthodontics and earn reward tokens for seeing you on a regular basis. Because keeping my teeth clean and healthy is such an important part of orthodontic care, my orthodontist recommends I see you every 6 months for a check-up and cleaning.

Thank you for completing this voucher!

This certifies that the above patient has completed the following: (Please check all that applies)

Dental Exam

Routine Cleaning

No Cavities

Dentist or Hygienist Signature: _____

Dentist or Hygienist Name: _____

Dentist Office: _____

Appointment Date: _____

Comments: _____
