

Dear Doctor,

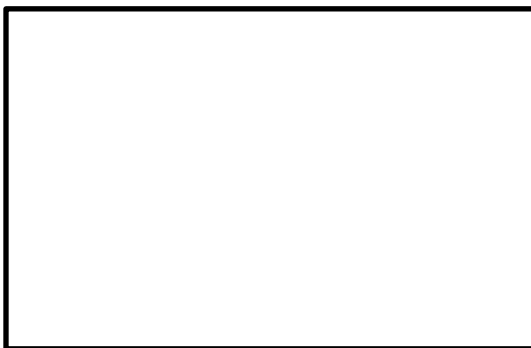
During my orthodontic treatment Dr. Smith requires that I visit my family dentist at least every 6 months. Orthodontic patients must maintain excellent oral hygiene in order to attain an excellent result. Dr. Smith encourages patients to make regular dental visits by awarding “Brace Bucks” which is part of their patient cooperation program.

Please complete this form by providing your official office stamp. I will return this form to Dr. Smith’s office to claim my extra “Brace Bucks”. Thank you for your cooperation in our effort to provide excellent dental care.

Sincerely,

Dr. Bradley Smith and Staff

OFFICIAL OFFICE STAMP:



Date of Exam/Cleaning _____