



**WAYNE J. CHRISTIAN, DMD, MS**  
FAMILY ORTHODONTIC SPECIALIST

*"Building Generations of Smiles"*



We would like to remind you of the importance of regular dental check-ups and cleanings every six months while receiving orthodontic treatment.

Please present this card when you are visiting your family dentist.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that my patient has completed his/her dental exam and cleaning.

My patient thus qualifies for five "\$orthobucks\$" to be awarded by Dr. Wayne Christian's office on submission of the form.

\_\_\_\_\_  
Dentist or Hygienist Signature

