

Elchahal Orthodontics Smile Rewards



PATIENT NAME

I'm a patient of Dr. Elchahal and I earn rewards points for seeing you on a regular basis.

Bringing in this Dental Reward Certificate at my next orthodontic appointment guarantees points will be added to my Smile Rewards Card.

Thank you for completing this certificate!

This certifies that the above patient has completed the following:

Dental Exam Cleaning No Cavities

Dentist/Hygenist Initials: _____ Appointment Date: _____

Dr. or Practice Name: _____



Alec N. Elchahal
Specialist in Orthodontics for Children & Adults
DMD • MS • PC

Johns Creek Orthodontics
4395 Johns Creek Parkway
Suite 100
Suwanee, GA 30024

(770) 622-1177
www.SmilesByElchahal.com

Hamilton Mill Orthodontics
2055 Hamilton Creek Parkway
Suite 100
Dacula, GA 30019



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