
PATIENT NAME

I'm a patient of Dr. Pocock's and earn reward points for seeing you on a regular basis. I also earn an extra reward point for no cavities!

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

Thank you for completing this voucher!

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. Paul Pocock Inc. and Associates

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