Dental Rewar	rd Voucher	
Patient Name		SMILES for LIFE
I see you every o Thank you This certifies that the		t part of Orthodontic Care-
	Routine Cleaning	No Cavities
Dentist's Name:		
Dentist Initials:	Appointment Date:	
Comments:		
Dr. Ire	elia Machado DDS, MS	

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