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**PATIENT NAME**

**I'm an orthodontic patient of Dr. Todd Walkow and earn Strummer Dollars  
for visits to your office for routine cleanings.**

**Dr. Walkow recommends that I schedule with you every three months.  
Bringing in this Strummer Reward Voucher to my next orthodontic appointment  
guarantees points will be added to my Rewards Card.**

**Thank you for completing this voucher!**

**This certifies that the above patient has completed the following:  
(Please circle all that apply)**

**W** Dental Exam

**W** Routine Cleaning

**W** Requested Treatment

**W** No Cavities

**Dentist Initials:** \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_

**Dr. Todd Walkow**

360 San Miguel Suite 706  
Newport Beach, CA 92660

Phone: 949.644.1281 Fax 949.644.2398