



## 2010 Wellness Program Documentation Form Dental Checkup and Cleaning

Employee Name \_\_\_\_\_

The following is to document your completion of a dental checkup and cleaning through an appropriate dental provider. Please provide the required information below:

Dental Provider \_\_\_\_\_

Dental Care Contact Phone Number \_\_\_\_\_

Date of Service \_\_\_\_\_

You may also provide a copy of the receipt or printout that identifies your visit as having completed a basic dental checkup and cleaning.

Does the Premier Wellness Coordinator have your permission to confirm that you completed your annual dental checkup and cleaning? (No personal information regarding the results of checkup will be sought by the Premier Wellness Coordinator; only confirmation that you attended the checkup. Incentives/prizes are contingent upon your approval to confirm the visit.

YES                       NO

By signing below, you acknowledge that you did attend your dental checkup and cleaning and that the documentation you are providing for yourself is valid and original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:**

***All private health information shared with the Premier Wellness Coordinator through your involvement in the program is strictly confidential. No other individual or entity will have access to this information without your expressed consent.***