



Wellness Hours

Patient's Name: _____

Appointment Information

Date: _____ Time: _____

Physician's Name: _____

Address: _____

Physician's Signature

Employee's Signature

Employee ID

This visit Qualifies as a Preventive Medical Exam.

This form is used for CoorsTek to use for proof of a preventive visit. If you have a similar form that you would like to use it, please feel free to do so.

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