



## ANNUAL DENTAL EXAMINATION CERTIFICATION

Read instructions carefully. You and your dentist must complete this form. Completion of this form is required for proof of your annual dental examination. Return completed form to Human Resources along with all other certifications to Human Resources.

### A) To be completed by the Employee

Last Name	First Name	Middle Initial
XXX-XX- _____		
Last 4 Digits of Social Security Number		

I certify that I completed an annual dental examination with my dentist.

Signed: \_\_\_\_\_

Employee

Date

### B) To be completed by the Dentist

#### CERTIFICATION

The above-named employee received an annual dental examination on the date indicated below.

Licensed Dentist (Print)		
Date of Exam	License Number	
Dentist Signature	Date	

**DENTIST: PLEASE GIVE THIS FORM BACK TO THE PATIENT/EMPLOYEE**