



Creating a culture of health

For Use by Wellness Office
Entered by: _____
Date: _____

**CITY OF HIGHLAND PARK
City Manager's Office
Human Resources Division
1707 St. Johns Avenue
Highland Park, IL 60035**

Health Plan Documentation

Certificate of Completion - Annual Dental Exam

Employee Name: _____
Please Print

Patient Name/Relationship *(if not employee):* _____
Please Print

Dentist Name: _____
Please Print

Dentist Address: _____
Street

City, State, Zip

Date of Exam: _____

Dentist Signature: _____

Submitted by: _____
Employee Signature

Dated: _____