

Say Aah- Annual Physical Exam Form

PROOF OF VISIT FORM

Patient's Name: _____
(Please Print)

Physician Office/Name: _____

Date of Visit: _____

This **Proof of Visit** confirms that the patient above received the following preventative care.

PHYSICIAN

- Yes I certify that the patient listed above received an annual physical.
- No Physician Signature: _____ Date: _____