



ThermTech

2024-2025 Dental Form

Bring this form to your exam and have it signed to verify that you received a Dental Exam.

Name of Patient: _____ **Date of Birth:** ____/____/____

The age and gender specific screenings listed below are based on the U.S. Preventive Services Task Force recommendations. Please talk to your doctor about what is right for you. Below are some suggested screenings to discuss with you doctor.

Name (Please Print): _____ **Date of Birth:** ____/____/____

To be completed by registered health professional:

On _____ (enter date) a DENTAL exam was performed on the above named patient.

Registered Health Professional Stamp or Signature

Date

Office Name and Address

Phone

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ThermTech

2024-2025 Vision Form

Bring this form to your exam and have it signed to verify that you received a Vision Exam.

Name of Patient: _____ **Date of Birth:** ____/____/____

The age and gender specific screenings listed below are based on the U.S. Preventive Services Task Force recommendations. Please talk to your doctor about what is right for you. Below are some suggested screenings to discuss with you doctor.

Name (Please Print): _____ **Date of Birth:** ____/____/____

To be completed by registered health professional:

On _____ (enter date) a VISION exam was performed on the above named patient.

Registered Health Professional Stamp or Signature

Date

Office Name and Address

Phone

Return completed form to Allison Knight, Health Coach by September 15th, 2025

Confidential Fax: 877.419.3374

Questions can be directed to Allison Knight

Email: allisonknight@employeehc.com or allison.knight@thermtech.net Phone: 262.622.6082