

Preventive Care Proof of Visit Form

1. Provide form to your physician.
2. Upload to the "Say Aah" challenge on fbp.wellright.com
3. Form must be uploaded by Oct. 23, 2022 to receive credit.

Patient's Name: _____
(Please Print)

Provider Office/Name: _____

Date of Visit: _____ (Must be between Nov. 1, 2021-Oct. 23, 2022)

EXAM

☐ **Annual Preventative Exam** (performed by Primary Care Physician)

PHYSICIAN STATEMENT

☐ Yes
☐ No I certify that the patient listed above received the exam indicated on this form.

Physician Signature: _____ Date: _____