

OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy 6268 Poplar Avenue \cdot Memphis, TN 38119 \cdot phone 901.761.3770 \cdot fax 901.761.3775

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Partners Emeritus: Preston D. Miller, Jr., D.D.S. James R. Ross, D.D.S., M.S.

Patient Transportation

I was present and understand the information presented on pages 1 -- 3. I acknowledge responsibility

for transport of the patient	
* If you (driver) feel you need assistance getting our patient into the bui	ilding, please do the following:
1. Leave the patient in the vehicle.	
2. Come into the office, and alert our front office Team that you need as	ssistance.
We will then escort the patient into the building saf	fely.
*All Consent forms should be signed and returned/faxed to our office 3-5 business days before your scheduled appointment. Fax: 901.761.3775	
() Procedure time expected 2 hours or less- We require that your driver completion of your procedure.	stay in the reception area until the
() Procedure time expected over 2 hours and up to 4 hours- We will req office to provide an expected pick up time.	uire your driver to come into the
*Assistant to mark one of the above.	
DRIVER'S PHONE/CELL NUMBER:	
TIME NEEDED TO RETURN TO PICK UP PATIENT:	-
DRIVERS PRINTED NAME:	Date:
DRIVERS SIGNATURE:	Date:
WITNESS SIGNATURE:	Date:



