

# Periodontal Associates

OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

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Partners Emeritus:

Mitchel S. Godat, D.D.S., M.S.

Preston D. Miller, Jr., D.D.S.

Board Certified Periodontist

James R. Ross, D.D.S., M.S.

## Communication Preferences

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Periodontal Associates of Memphis may communicate with me through the following methods:

- Automated Appointment Reminder System via Text. Cell Number \_\_\_\_\_
- Phone Call and Voice Message. Phone Number(s) \_\_\_\_\_
- Phone Call and No Voice Message. Phone Number(s) \_\_\_\_\_
- Email Address \_\_\_\_\_
- Other \_\_\_\_\_
- I do not wish to receive any contact from Periodontal Associates of Memphis via phone call, voicemail, text, or email.

How may we contact you? \_\_\_\_\_

I hereby give consent to Periodontal Associates of Memphis to disclose Protected Health Information (PHI) to the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that I have the right to revoke this consent, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this consent.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Active Member  
American Academy of Periodontology

We are your Complete Health Periodontists!  
We focus on your overall mouth and body health with your dentist.

