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Periodontal Associates

OF MEMPHIS
Periodontal, Laser and Dental Implant Therapy

Partners Emeritus
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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
Specialist in Periodontics

