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# Periodontal Associates

OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

Partners Emeritus  
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## 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 building, 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 assistance.

**\*We will then escort the patient into the building safely.\***

**\*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 stay in the reception area until the completion of your procedure.

**( ) Procedure time expected over 2 hours and up to 4 hours-** We will require your driver to come into the office to provide an expected pick up time.

\*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: \_\_\_\_\_

Updated 7/5/2019



Active Member  
American Academy of Periodontology  
Specialist in Periodontics

