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Periodontal Associates

OF MEMPHIS
Periodontal, Laser and Dental Implant Therapy

Partners Emeritus
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Patient Transportation

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 escort the patient into the building safely.

() Procedure time expected 2 hours or less- We require that your driver stay in the reception area/parking lot 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: _____

VEHICLE MAKE/MODEL/COLOR: _____

TIME NEEDED TO RETURN TO PICK UP PATIENT: _____

DRIVERS PRINTED NAME: _____ Date: _____

DRIVERS SIGNATURE: _____ Date: _____

WITNESS SIGNATURE: _____ Date: _____

Updated 8/20/2020

All Consent forms should be signed and returned/faxed to our office 3-5 business days before your scheduled appointment. Fax: 901.761.3775



Active Member
American Academy of Periodontology
Specialist in Periodontics

