

Mitchel S. Godat, D.D.S., M.S.\*  
Grant T. King, D.D.S, M.D.S\*  
Olga Byakina, D.D.S., M.S.  
\*Board Certified Periodontist and  
Dental Implant Surgeon

# Periodontal Associates

OF MEMPHIS  
Periodontal, Laser and Dental Implant Therapy

Partners Emeritus  
James R. Ross, D.D.S., M.S.\*  
Preston D. Miller, Jr., D.D.S.  
Roger D. Craddock, D.D.S.

6268 Poplar Avenue · Memphis, TN 38119 · phone 901.761.3770 · fax 901.761.3775  
[www.PerioMem.com](http://www.PerioMem.com) · [Info@PerioMem.com](mailto:Info@PerioMem.com)

## 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

