

# PERIODONTAL & IMPLANT ASSOCIATES, INC.

**Dr. Jennifer Hirsch Doobrow**

315 2nd St. SE  
CULLMAN, AL 35055

PHONE: 256-734-8588  
FAX: 256-734-6971

PATIENTS NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

\_\_\_ PLEASE CALL PATIENT TO SCHEDULE CONSULT

\_\_\_ PATIENT WILL SCHEDULE CONSULT

\_\_\_ APPOINTMENT SCHEDULED ON \_\_\_\_\_

CONSULTATION REGARDING: \_\_\_\_\_

DOES PATIENT HAVE TO PRE-MED? YES  NO

REFERRED BY DR. \_\_\_\_\_

\_\_\_ PLEASE CALL DOCTOR PRIOR TO CONSULT

\_\_\_ PLEASE CALL DOCTOR AFTER CONSULT

**PLEASE FAX TO OUR OFFICE—THANK YOU**