

# PERIODONTAL & IMPLANT ASSOCIATES, INC.

Dr. Jennifer Hirsch Doobrow  
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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**