



# Direct Mobile Dentistry

## CONSENT FORM

I authorize DMD, Direct Mobile Dentistry, to provide routine preventative and diagnostic services such as examination, cleaning and scaling of teeth. Consent for any further recommended treatment will be obtained at time of appointment.

Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Patient's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Room and Bed #: \_\_\_\_\_

Phone and Ext #: \_\_\_\_\_

### Person Responsible For Patient Account:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address of Responsible Party (POA):  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell

\_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Email

To schedule or find out more about this service call: (770) 883-6868

*If you are interested in our service, please fill out the consent form located on the back of this brochure and call, mail, or FAX it to the office of Dr. Lee I. Cohen.*



## Direct Mobile Dentistry

### Lee I. Cohen, D.M.D.

4514 Chamblee Dunwoody Rd #284  
Atlanta, GA 30338

Scheduling: (770) 883-6868

Billing: (770) 272-0222

FAX: (770) 393-9757

www.cohencare.com

directmobiledentistry@gmail.com



# Direct Mobile Dentistry

## A Comprehensive Mobile Dental Service

*Providing Quality Dental Care for Residents in Senior Living Communities, Nursing Homes and Home-Bound Individuals*



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