

DMD

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.*

DMD

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

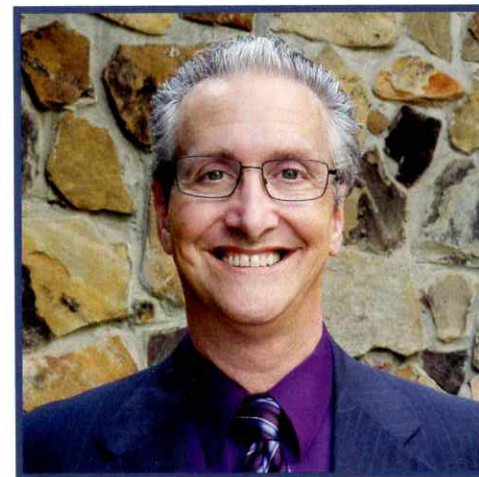
directmobiledentistry@gmail.com

DMD

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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