



**GEORGIA BOARD OF DENTISTRY
QUARTERLY SELF-REPORT FORM**

Instructions to Licensee: Please complete this form to assist the Board of Dentistry in monitoring the compliance with your consent order. **ALL** reports should be mailed to the Board office by the 5th of the month following reporting period.

Reporting Period _____ (quarter ended)

Name of Licensee _____ License Number _____

Name of Practice or Place of Employment _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Position _____

Categories	
Current Home Address	
Current Home Phone Number	
Monitoring Physician	
Regular Physician	
Aftercare Provider	
In Compliance? (circle) If No, please explain below	Yes No

Additional Comments _____
