



# Georgia Board of Dentistry

2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor

East Tower

Atlanta, GA 30334-8000

(404) 651-8000

www.gbd.georgia.gov

## Licensee 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 5<sup>th</sup> 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 <input type="checkbox"/> No <input type="checkbox"/>

Additional Comments \_\_\_\_\_

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