



Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000

www.gbd.georgia.gov

Supervising Dentist Monthly/Quarterly Report Form

Instructions to Supervisor: Please complete this form to assist the Board of Dentistry in monitoring the practice of this dentist. **ALL** reports should be mailed to the Board office by the 5th of the month following reporting period.

Reporting Period _____ month/quarter)

Supervisor's Name _____

Name of Licensee _____ License Number _____

Name of Practice _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Licensee's: Position _____

Schedule _____

Categories	Comments
Attendance	
Quality of Work	
Attitude	
Number of Hours Worked	Week 1: _____ OR Month 1: _____ Week 2: _____ Month 2: _____ Week 3: _____ Month 3: _____ Week 4: _____

Signature of Preparer _____

Printed Name of Preparer _____

Title of Preparer _____

Date _____

