

Reporting Period

## **Georgia Board of Dentistry**

2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor East Tower Atlanta, GA 30334

(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.  $\underline{ALL}$  reports should be mailed to the Board office by the  $5^{th}$  of the month following reporting period.

month/quarter)

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Supervisor's Name		-			
Name of Licensee		License Number			
Name of Practice					
Street Address					
City	State	Zip			
Phone Number					
	on				
Sched	ule				
Categories	Comments				
Attendance					
Quality of Work					
Attitude					
Number of Hours Worked	Week 1: Week 2: Week 3: Week 4:	OR	Month 1: Month 2: Month 3:		
Signature of Preparer					
Printed Name of Preparer					
Title of Preparer					
Date					

Additional Comm	nents	 		_
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Name:				_
Signature:				_
Date:				
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