

### Acknowledgment of Receipt of Privacy Practice Notice

This document acknowledges that you have received a copy of the Notice of Privacy Practices. This document is not a contract, authorization, release, or consent form. This document will remain in your records.

I, \_\_\_\_\_ (patient)  
acknowledge that I have received a copy of the Notice of Privacy Practices.



\_\_\_\_\_  
Patient/Legal Guardian signature

\_\_\_\_\_  
date

### Patient Acknowledgment of Receipt of Dental Material Fact Sheet

I acknowledge that I have received a copy of the Dental Materials Fact Sheet dated May 14, 20004.



\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
date

### Cancellation fee

We require a minimum of 2 business days notice for changes or cancellations of any appointments. If less notice is given or you fail to show up for a scheduled appointment, you will be subject to a \$50 fee.



\_\_\_\_\_  
please initial

### Permission for another party other than you to receive any information about your treatment and finances. (optional)



I grant my permission to \_\_\_\_\_ to discuss all treatment and financial concerns regarding my account 