



3180 Bell Road, Suite 100

Auburn, CA 95603

530-888-9764

www.auburndentaloffice.com

Acknowledgment of Receipt of Privacy Practices Notice and Dental Material Fact Sheet

This document acknowledges that you have received a copy of:

1. Notice of Privacy Practices
2. Dental Material Fact Sheet.

This document is not a contract, authorization, release, or consent form. This document will remain in your records.

From time to time we apprise our clients of events that may be of interest to them via email or mail. Please check here if you do **NOT** wish to be notified of such events.

I, _____, acknowledge that I have reviewed a copy of the Notice of Privacy Practices and the Dental Material Fact Sheet.

Patient's Signature: _____ Date: _____

If the patient is a minor, a parent or legal guardian must sign.

Parent or Legal Guardian: _____ Date: _____