

Notice of Privacy Practices

Patient Acknowledgment of Receipt of Dental Material Facts Sheet and Notice of Privacy Practices

I, _____, acknowledge that I have received from Lisa Kederian DDS, a copy of the Dental Materials Fact Sheet dated May 2004 and the Notice of Privacy Practice form dated April 2003.

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

Print Name (Last, First, Middle Initial)

Signature (Self, Parent, Guardian)

Date