

**Parkinson Dentistry  
10465 Gibsonton Drive  
Riverview, FL 33578-5427**

**PARKINSON DENTISTRY, PL  
10465 Gibsonton Drive  
Riverview, FL 33578  
(813)677-7800**

**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of **Parkinson Dentistry's** Notice of Privacy Practices.

**Patient name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Relationship to patient** { }Self            { }Parent/Guardian

**Date** \_\_\_\_\_

*Any reminder messages for upcoming appointments will be left on home phone and cell phone voicemails unless otherwise indicated below.*

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