
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print Patient Name

Patient (or Guardian) Signature

Date

**PATIENT ACKNOWLEDGMENT OF RECEIPT OF DENTAL
MATERIALS FACT SHEET**

I, _____, acknowledge that I have received from _____ a copy of Dental Materials Fact Sheet dated October _____ dentist or dental office name 2001.

Patient Signature

Date

The following document is the Dental Board of California's Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this Dental Material Fact Sheet; and its linkage to the DGA web site does not constitute an endorsement of the content of this document.