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This document acknowledges that you have received and/or reviewed a copy of:

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

I, _____, acknowledge that I have reviewed and/or received 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

Relationship to Patient