



Acknowledgement

I have read, understand the following documents, and also acknowledge that I have received a copy of the Notice of Privacy Practices and Dental Materials Facts Sheet:

□ INTRODUCTION / WELCOME LETTER	
□ CONSENT for PEDIATRIC DENTAL PROCEDURES	
□ NOTICE OF PRIVACY PRACTICES	
□ DENTAL MATERIALS FACTS SHEET	
PATIENT NAME:	
PARENT/GUARDIAN SIGNATURE	
	Date
RELATIONSHIP TO PATIENT	