



Local Smile Co.
PEDIATRIC DENTISTRY

PRIVACY PRACTICES

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

I, _____ (parent/guardian name) acknowledge I have received a copy of the Dental Materials Fact Sheet, dated May 2004.
View "The Facts About Fillings" at www.dbc.ca.gov or on our website www.localsmileco.com

Patient's Name

Parent/Guardian Signature



PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ (parent/guardian name) acknowledge I have received a copy of this office's Notice of Privacy Practices.

_____	_____	_____
Print Name	Signature	Date

OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual Refused to Sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please specify):

