

**Patient Acknowledgement of Receipt of  
Dental Materials Fact Sheet**

I, \_\_\_\_\_, acknowledge I have received a copy of the Dental  
(parent/guardian name) Materials Fact Sheet, dated May 2004.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Parent/Guardian Signature

**View "The Facts About Fillings" at [www.dbc.ca.gov](http://www.dbc.ca.gov)**

**Acknowledgement of Receipt of Notice of  
Privacy Practices**

**\*\*You may refuse to sign this acknowledgement\*\***

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 acknowledgement
- Other (Please specify):

\_\_\_\_\_  
\_\_\_\_\_