



DR. JEFF KNUTZEN  
Excellence in Family & Cosmetic Dentistry

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## NOTICE

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I, \_\_\_\_\_, hereby certify that a copy of the **Notice of Privacy Practices** and the **Dental Board of California: Dental Materials Fact Sheet** have been made available to me by Dr. Jeff Knutzen's office prior to dental treatment.

Patient/Guardian Signature: \_\_\_\_\_

Patient's Name, if minor: \_\_\_\_\_

Date: \_\_\_\_\_