

Patient Name: _____



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I acknowledge that I have read and was offered a copy of the **Notice of Privacy Practices** from Jessie Schwarz, DMD and Ellen Stone, DMD, APC.

Print Name

Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF DENTAL MATERIALS FACT SHEET:

I acknowledge that I have read and was offered a copy of Dental Materials Fact Sheet from Jessie Schwarz, DMD and Ellen Stone, DMD, APC.

Print Name

Signature

Date