

Persimmon Dental Care



Dental Materials Fact Sheet Acknowledgement of Receipt

I acknowledge that I have received the Dental Materials Fact Sheet developed by the Dental Board of California. I understand that this fact sheet has been provided to me in an effort to ensure I am fully informed of the variety of materials available for dental restorations. I understand that I should review this information to make a fully informed decision regarding dental restorative treatment. I also understand that if I have questions or concerns regarding this information that it is my right to have a discussion regarding this aspect of my care with my doctor before undertaking any restorative treatment.

Signed

Date

Acknowledgement of Receipt of Notice of Privacy Practices

**** You Have the Right to Refuse to Sign This Document****

I, (print name) _____ have read and/or received a copy of this office's Notice of Privacy Practices.

Signed

Date

For 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
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)