

VINU GANTI, M.D.
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Acknowledgement of Receipt of Privacy Practices

I, _____ have read Dr. Ganti's Notice of Privacy Practices with an effective date of March 1, 2003.

Name of Patient: _____

Address of Patient: _____

Signature of Patient _____ **Date** _____

Name of Witness: _____

Signature of Witness: _____ **Date** _____