

# EZ DENTAL

## Patient Acknowledgement of Receipt of Dental Material Fact Sheet

I, \_\_\_\_\_, acknowledge I have received from the Meridian Dental Associates a copy of the Dental Material Fact Sheet dated October 2001.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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## Acknowledgement Of Receipt Of Notice of Privacy Practices

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### You May Refuse To Sign This Acknowledgement

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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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 the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgement.
- Other (Please Specify)

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