

Patient Acknowledgment of Receipt of Dental Materials Fact Sheet

I, _____, acknowledge I have received from
Puneet Sandhu, DDS @ 826 Altos Oaks Dr #2, Los Altos CA 94024 a copy of the
revised Dental Materials Fact Sheet dated May 2004.

(Patient/Parent Signature)

Date

Puneet Sandhu DDS, Inc

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

* 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

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

