

NORTHPARK DENTAL

ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Dental Materials Fact Sheet.

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Dental Materials Fact Sheet, 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)

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