

Ashkan Alizadeh, DDS ~ Lincoln Village Dental

Patient / Guardian Acknowledgement of Receipt Dental Materials Fact Sheet

I, _____ (patient / guardian), acknowledge that I have received and read the Dental Materials Fact Sheet, dated and compiled by the Dental Board of California on October 2001, from Dr. Ashkan Alizadeh. The Dental Materials Fact Sheet complies with Chapter 901, Statutes of 1992 and mandated by the State Legislature of California as of January 1, 2002.

Patient / Guardian

Date

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.

Patient / Guardian

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)
-