

Acknowledgement of Receipt if the Dental Materials Facts Notice

This document acknowledges that you have received a copy of the Dental Material Facts Notice. This document is not a contract, authorization, release, or consent form. This document will remain in your records.

I, _____ (Patient)

Acknowledge that I have received a copy of the Dental Materials Facts Notice.

Patient's Signature Date

If patient is a minor, a parent must sign

Parent or Legal Guardian Date

Relationship to Patient

If the patient is not a minor, but under the care of a relative, friend, or caregiver, sign here.

Signature Date

Relationship to Patient Date