

I have received a copy of the Del Rey Dental Notice of Privacy Practices.

Signed: _____ Print: _____

Date: _____

If signing as a parent or guardian, please note the name of the patient:

Options:

Would you like appointments made and/ or confirmations by:
(check preferences)

Post card

E-mail : _____

Phone Call

Home: _____

Office: _____

Other: _____

No confirmation
