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Acknowledgement

I have read, understand the following documents, and also acknowledge that I have received a copy of the Notice of Privacy Practices and Dental Materials Facts Sheet:

- INTRODUCTION / WELCOME LETTER**
- PATIENT INFORMATION FORM**
- CONSENT for PEDIATRIC DENTAL PROCEDURES**
- FINANCIAL POLICY FORM**
- NOTICE OF PRIVACY PRACTICES**
- DENTAL MATERIALS FACTS SHEET**

PATIENT NAME: _____

PARENT/GUARDIAN SIGNATURE _____

Date

RELATIONSHIP TO PATIENT _____