

Comfort Dental Care

Dental Materials Fact Sheet

I have received a copy of the Dental Materials Fact Sheet.

Signature

Date

Cancellation Policy

We require a 24-hour notice for any rescheduled appointments or cancellations. There will be a minimum of \$50 charged if advance notice is not given. If you are unable to contact us directly, please leave a message on the answering service. This will be accepted as long as it is 24 hours from your appointment.

Signature

Date

Notice of Privacy Practices

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

You May Refuse to Sign This Acknowledgement

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
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (please specify)
- _____

