



Jay B. Wardius, D.M.D.

Cosmetic and Implant Dentistry

Your Invitation to a Beautiful Smile

Patricia A. Wardius, D.M.D.

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's Printed Name

Date

Patient Signature

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:

- o Individual refused to sign.
o Communication barriers prohibited obtaining this acknowledgement.
o An emergency situation prevented us from obtaining acknowledgement.
o Other (please specify)

