

## Acknowledgement of Receipt of Notice of Privacy Practices

Read or Download here: [Notice of Privacy Practices](#)

\* You may refuse to sign this acknowledgement \*

Complete the appropriate forms online and send them to us prior to your visit at Best Smiles.

This will help us make your visit as pleasant and efficient as possible.

I, \_\_\_\_\_, have received a copy of this offices' Notice of Privacy Practices.

**Name**

First

Last

**Signature**

**Date**

**SUBMIT**