

## 4. Acknowledgement - Smile LA Dental

Patient's name

PATIENT, NAME

Chart#

1

I, \_\_\_\_\_, acknowledge that I have read the Dental Materials Fact Sheet "The Facts about Fillings" authored by the Dental Board of California.

By signing this document, I, \_\_\_\_\_, acknowledge that I have read a copy of Smile LA Dental's Joint Notice of Privacy Practices.

Purpose of Consent: by signing this form, you will consent our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting: SMILE LA DENTAL, telephone (323) 734-9333, address 2706 W. Jefferson Blvd. Los Angeles CA 90018.

Notice: Charge for NO SHOW, or not cancelling your dental appointment.

Please be kind to let us know 1 day (24 hours) in advance if you can not make it to your appointment. There will be a \$20 (twenty dollars) charge to your account for a late cancellation, no show or late show if this arrangement is not made with us.

By signing below I, \_\_\_\_\_, acknowledge that I have been informed about this notice.

### HOW DID YOU HEAR ABOUT US?

Please check one only.

Internet

Flyer

Church bulletin

Building location sign

Friend/ Neighbor/ Relative

Insurance Plan Referral

Walking - by

Other

\_\_\_\_\_  
Patient/Responsible Party Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date