



Dental Materials Fact Sheet

We are required by law to offer you a “Dental Materials Fact Sheet”. The purpose of this fact sheet is to provide you with information concerning the risks/benefits of all the dental materials used in the restoration (filling) of teeth. We have copies of the “Dental Materials Fact Sheet” available to you by request.

Please sign and date to acknowledge that the “Dental Materials Fact Sheet” has been offered to you and a copy is available to you by request.

Signature _____
Patient Name _____
Patient Representative (if minor) _____
Date _____
Witness _____

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. The privacy of your health information is important to us. We are required by applicable federal and state law to maintain the privacy of your health information. We have copies of the “Notice of Privacy Practices” sheet available to you by request.

Please sign and date to acknowledge that the “Notice of Privacy Practices” has been offered to you and a copy is available to you by request. By signing this form you are giving this office your consent to use and disclose health information about you for treatment, payment and healthcare operation purposes.

Signature _____
Patient Name _____
Patient Representative (if minor) _____
Date _____
Witness _____