

DEREK M. LICHTER, DDS INC

247 F Street, Chula Vista, CA 91910

(619) 422-5317

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

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

I am aware that I may refuse to sign this acknowledgement.

SIGNATURE

DATE

I acknowledge that I have been offered a copy of the Dental Material Fact Sheet.

PATIENT SIGNATURE

DATE