

Mark L. Greenmun DDS

**Acknowledgement of Receipt:
Notice of Privacy Practices and Dental Materials Fact Sheet**

*You may refuse to sign this acknowledgement

I (print your name) _____
have received a copy of this office's Notice of Privacy
Practices.

Signature _____ Date: _____

I (print your name) _____
have received a copy of Dental Materials Facts.

Signature _____ Date: _____