



Carlos E. Sanchez D.D.S

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**Acknowledgement
Of
Privacy Practices and Dental Material Fact Sheet**
Effective as of April 14, 2003

My signature acknowledges that I have received a copy of this notice.

Name (please Print) Signature Date

If you are a minor, or if another party is representing you, party must complete information below.

Name of Representative Signature Date
(Please print)

Description of authority to act on behalf of patient.
(i.e. Parent and/or legal guardian)

This notice is effective as of April 14, 2003. This notice and any alterations or amendments made hereto will expire seven years after the date upon which the record was created.