

VICENCIO DENTAL GROUP

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Notice of Privacy Practice

- ☐ Yes, I read and received a copy of the Notice of Privacy Practices
- ☐ Yes, I read but do not want a copy of the Notices and Privacy Practices
- ☐ No, I do not want to read nor receive a Copy of the Privacy Notices

Dental Materials Fact Sheet

- ☐ Yes, I read and received a copy of the Dental Materials Fact Sheet
- ☐ Yes, I read but do not want a copy of the Dental Materials Fact Sheet
- ☐ No, I do not want to read nor receive a copy of the Dental Materials Fact Sheet

Patient's name

Date

Signature