

COMFORT DENTAL CARE
Santosh Mittal, D.M.D
255 Gordon Drive, suite 100
Exton, PA 19341
(610)363-1304

Patient Name: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices and have had the opportunity to review it. I understand that this acknowledgement covers my minor children, who may be patients, as well.

Please Print Name _____ Date _____

Signature _____

Email Address: _____

Cell Phone#: _____

Home Phone#: _____

As a courtesy we can...

___ I don't want any reminders for my appointments it is my responsibility to keep the appointments that I have made.

___ Reminders via Email

___ Reminders via Cell Text

___ Reminders via Home Phone

___ Any/All reminders

___ We require a 2 business day notice for any appointment changes without a charge. The charge is \$42.00 per appointment.

___ **Initials**

___ **Date**