



A Multi- Specialty Office for All Ages
3253 S. Harlem Ave, Suite IC Berwyn, IL 60402

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ hereby acknowledge receipt of Robles Family Dental's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the office may use and disclose my confidential information.

Print Patient Name: _____ DOB: _____
Relationship to Patient: _____

Signature (Parent /Guardian if patient is a minor) Date: _____

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Name of Patient: _____ Date of Birth: _____
The best way to contact me by Robles Family Dental's staff is:
Written communication: Address to: _____

If the address provided above is not your home address or is not a street address, please provide us with a street address for purposes of ensuring payment.

Oral communication: Call Home # _____
May we leave a message? Yes ____ No ____
Work # _____
May we leave a message? Yes ____ No ____
Cell _____
May we leave a message? Yes ____ No ____
Call May we leave a message that you need pre-medication? Yes ____ No ____
May we leave a message that you need a dental appointment? Yes ____ No ____