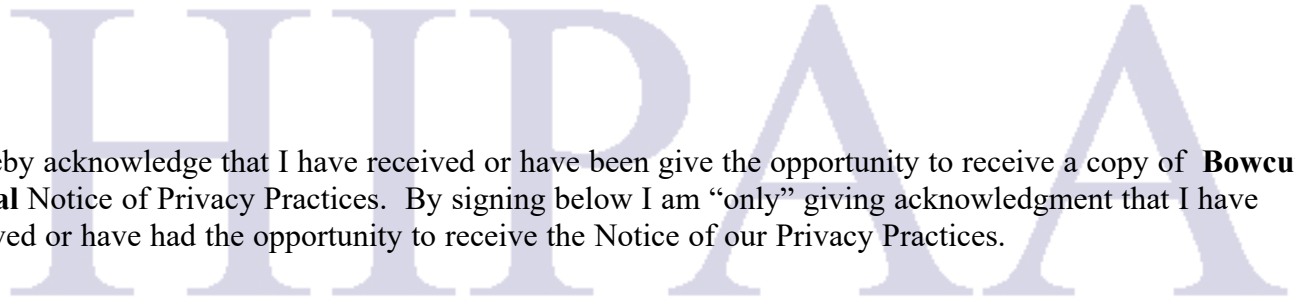


**ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES**



I hereby acknowledge that I have received or have been give the opportunity to receive a copy of **Bowcutt Dental** Notice of Privacy Practices. By signing below I am “only” giving acknowledgment that I have received or have had the opportunity to receive the Notice of our Privacy Practices.

First: \_\_\_\_\_ Last: \_\_\_\_\_  
Patient Name (Type or Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature