



Experience...the Difference.

**ACKNOWLEDGEMENT OF NOTICE OF OFFICE POLICIES,
PRIVACY PRACTICES AND DENTAL MATERIALS FACT SHEET**

I, _____ have received a copy of this office's Notice of Privacy Practices and The Dental Board of California's Dental Materials Fact Sheet.

Additionally, I authorize my provider to discuss my dental treatment and/or condition with the following:

_____ Spouse _____ Children _____ Parent _____ Other: _____

I have read and understand the office hours of Kremer Dental Care are as follows:

Mondays, Wednesdays and Fridays 8:00 am-5:00 pm
Tuesdays and Thursdays 7:00am-6:00 pm

If for whatever reason a scheduled appointment has to be cancelled or rescheduled, I understand a 48 hour business-day notice is required and that a \$75 cancellation fee will be incurred. I understand that I must speak with a Kremer Dental Care team member for appointment cancellations and reschedules. Email and or telephone messages are not accepted as a means of communication regarding these matters. I also understand that insurance co-pays are due at the time of service.

Signature

Date

*You may refuse to sign this acknowledgement