



*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 – North State are as follows:

Mondays thru Thursdays 8:00am – 5:00pm  
Fridays 8:00am – 2:00pm

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 – North State 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