

**CARQUINEZ DENTAL GROUP
FINANCIAL AGREEMENT**

I acknowledge I have received & read the Carquinez Dental Groups Financial Policy & agree to the terms.

Please Print Name: _____

Signature: _____

Date: _____

**CARQUINEZ DENTAL GROUP
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES
AND
DENTAL MATERIALS FACT SHEET**

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

Please Print Name: _____

Signature: _____

Date: _____