



Acknowledgement of Receipt of Dental Materials Fact Sheet

I have reviewed and have been offered a copy of the Dental Material Fact Sheet provided by the California Dental Association.

Print Patient Name: _____.

Patient Signature: _____ Date: _____.

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name: _____.

Relationship to Patient: _____.

Signature: _____ Date: _____.

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Dental Materials Fact Sheet, but acknowledgement could not be obtained because: (please check which applies)

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____.

Staff Signature: _____ Date: _____.