

**ACKNOWLEDGEMENT OF RECEIPT OF DENTAL  
MATERIALS FACT SHEET**

I acknowledge that I have received from Dr. Ravneet Nijjar, the Dental Materials fact Sheet  
that was updated on September 21, 2020

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Patient Name

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Signature of Patient, Parent, or Guardian

Date

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received a copy of the Notice of Privacy Practices from Dr Ravneet Nijjar.

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Patient Name

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Signature of Patient, Parent, or Guardian

Date