



**CENTER FOR IMPLANT
&
ESTHETIC DENTISTRY**

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

I, _____, acknowledge I have received from
Patient or Guardian (please print)

Center for Implant & Esthetic Dentistry a copy of the Dental Materials Fact Sheet.

Patient Signature

Date

HIPAA CONSENT AND ACKNOWLEDGEMENT FORM

I, _____, do hereby consent and acknowledge my
agreement to the terms set forth in the *HIPAA INFORMATION FORM* and any subsequent
changes in the office policy.

I understand this consent and acknowledgement shall remain in force indefinitely unless
revoked by me in writing.

Patient Signature

Date

DR. FEREIDOUN DAFTARY & DR. RAMIN MAHALLATI

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