



10404 Beardslee Blvd. • Bothell, WA • 98011 • 425-485-9557

ACKNOWLEDGEMENT OF PRIVATE PRACTICE

I acknowledge the receipt of Privacy Practice Notice from the office of Sobczak Wencel Dentistry.

Patient Signature and/or Personal Representative Date

Relationship to Patient Date

I have in good faith attempted to obtain acknowledgement from the above patient in the following manner, however the patient would not sign this form: (State reason below and date)

I vow the above information to be true and correct.

Signature Date

Printed Signature and Title