



ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

I, _____, acknowledge and agree that I have received a copy of **Dental Art Designs at EastLake**'s Dental Materials Fact Sheet.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to patient

FOR CLINIC USE ONLY:

Dental Art Designs at EastLake made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Dental Materials Fact Sheet: