

Dental Arts San Diego

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El Cajon, CA 92020

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*Please read and initial that you
have read and understand the following:*

_____ **Broken appointment's notice**

**There will be a \$25 dollar charge for each broken appointment without 24 hours notice.

_____ **Dental Materials Fact Sheet**

**I acknowledge that I have received a copy of the dental materials fact sheet version issued in 2004.

_____ **Acknowledgement of Privacy Practices**

** I have been informed of my rights to privacy regarding my protected health information, under Health Insurance Portability & Accountability of 1996 (HIPAA)

Additional family members also covered by this acknowledgement

Signature of Patient _____ Date _____

Signature of Parent/ Guardian if Patient is a Minor _____ Date _____