



PERIODONTAL MEDICINE
Surgical Specialists, LLC
 Personalized | Preventative | Predictable | Proven

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ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Periodontal Medicine and Surgical Specialists, LTD. Notice of Privacy Practices. By signing below I am "only" giving acknowledgment that I have received or have had the opportunity to receive the Notice of our Privacy Practices.

Patient Name (Print): _____

Date: _____

Signature: _____



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Our Goal: Sustainable oral health for a lifetime.

