

MICHAEL W. DAVIS, DMD  
Andrews, North Carolina

PATIENT PRIVACY ACKNOWLEDGEMENT

I have been given a copy of the Notice of Privacy Practices for this office that became effective April 14, 2003.

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Signature of Patient or Representative

Date

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Print Name

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Relationship of Representative to Patient

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

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