

# ***South Ridge Dental***

*Ryan Shaffer, DDS*

*Steven Shaffer, DDS*

*5533 S 27<sup>th</sup> Street, Suite 102*

*Lincoln, NE 68512*

*(402) 423-1616*

I, \_\_\_\_\_, acknowledge that I have received a copy of  
(Print Name)

South Ridge Dental's Notice of Privacy Practices.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Names of any minor children who are also patients**