

TODAY'S DENTISTRY LLC

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ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES

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I hereby acknowledge that I have received or have been give the opportunity to receive a copy of [Today's Dentistry LLC](#) 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 (Type or Print)

Date

Signature