



Lee N. Sheldon, DMD • Dental Implants / Periodontics
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Michel Furtado, BDS, MSc, MDS • Periodontist (board certified)

Notice of Privacy Practices Acknowledgement

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about your privacy practices, our legal duties and your rights concerning your health information.

I _____ have been given a copy of the Notice of Privacy Practice by the office of Dr. Lee Sheldon. I have read and understand this information.

Patient Print Name

Patient Signature

Patient Date of Birth

Today's Date

Office Use Only:

Witness Print Name

Witness Signature

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