

PERMISSION TO SPEAK WITH FAMILY/PARTNER

Date: _____

To: Dr. Jacqueline Molina Wasserman, Dr. David Fine, Dr. Andrew Norkin

I, _____ hereby give permission to Florida Gardens Dental Center and staff to speak with my _____ (relationship) _____ (name) regarding my dental work and treatment.

Patient Signature _____

Date: _____

Receipt of Notice of Privacy Practice

You May Refuse to Sign This Acknowledgement

I have received a copy of this office's Notice of Privacy Practices:

Print Name: _____

Signature: _____

Date: _____

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:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

ORAL CANCER SCREENING

Would you like to have an oral cancer screening YES NO

Cost is \$28.00

Patient Signature

Date