

# Montgomery Dental Medicine

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**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's  
Notice of Privacy Practices.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

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{Date}

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  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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