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**Practice Limited to Endodontics**  
**Microsurgery**

\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*

I have reviewed a copy of this office's Notice of Privacy Practices, which is publicly displayed in the waiting room. If you wish to have a paper copy we will be happy to provide you with that.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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- Individual refused to sign
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