

Privacy Practice Acceptance Signature

Amy Rowland, D.D.S., P.C.

1301 East Maude St. Suite 1

Poplar Bluff, MO. 63901

Phone: 573-686-5030

Fax: 573-686-5730

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have read and understand the Notice of Privacy Policy for the Rowland Family Dentistry Clinic.

Patient name _____

Signature _____ Date _____

Responsible Party _____ Date _____