

Oxford Hill Dental Associates

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I _____ have read and understand the Notice of Privacy regulations as they have been presented to me. I understand that a copy will be furnished to me upon my request.

Signature

Date

Please list any family/friends and their phone numbers who you may allow us to give information to should they call, or you would like us to furnish information to in the event of an emergency.

Name Phone Number

Name Phone Number

Name Phone Number