

Hrencher Dental

General and Cosmetic Dentistry

Acknowledgment of Receipt: I understand the **Notice of Privacy Practices** and have received a copy for my records or I was offered to receive a copy but declined knowing I can obtain a copy at any time. I freely and voluntarily consent to participate in the services provided by Austin Hrencher D.D.S, PA.

Patient name (please print)

Patient/Parent/Guardian signature

Date

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