JONATHAN F. POWELL, D.D.S.

Family & Cosmetic Dentistry
1806 Thompson Rd. (FM 762) Richmond, Texas 77469
(281) 341-6644

Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of Jonathan F. Powell, D.D.S.'s Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in the Notice of Privacy Practices, please do not hesitate to contact any of the members of the staff.

Patient Name (Printed):

_____

Signature:

_____

Date Notice Received:

_____