

Privacy Practice Acceptance Signature
Amy Rowland D.D.S., P.C.
1611 N. Westwood Blvd.
Poplar Bluff, Mo 63901

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 _____