

Dentistry for Children
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Acknowledgment of Receipt of Privacy Practices Notice

Patient Name: _____

Address: _____

Telephone: (_____) _____

Email: _____

Please let us know if we may use your photos and name for website/internet purposes
(*Facebook and YouTube*): Yes or No

I, (parent/guardian name) _____, acknowledge
that I have received a Notice of Privacy Practices from the above-named practice.

Parent or Guardian

Signature: _____ Date: _____