



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVATE PRACTICES

I acknowledge receipt of a copy of the Notice of Privacy Practices of Mancini Orthodontics, Kevin J. Mancini DMD, PA.

Patient's name

Patient's Signature (if adult patient)

Patient's Parent or Guardian's Signature (if minor patient)

Date

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Hampstead NC 28443 910-270-3334**

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