

**Dr. Linnea Westerberg, DDS, MS, RN**  
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**Patient Acknowledgement of Receipt of Dental Materials Fact Sheet**

I, \_\_\_\_\_, acknowledge that I have received a copy from Dr. Linnea Westerberg, DDS, MS, RN of the Dental Materials Fact Sheet from the CA Department of Consumer Affairs dated May 2004.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Patient Acknowledgement of Receipt of Notice of Privacy Policy**

\* You May Refuse to Sign This Acknowledgment \*

**I have received a copy of this office's Notice of Privacy Policy.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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