

**DENTAL CLINIC OF ONALASKA
AND
TREMPEALEAU DENTAL**
1008 Main St.
Onalaska, WI 54650
608-783-3341
608-783-4309 fax

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

Name: _____

Address: _____

Telephone: _____

Family members:

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

I acknowledge that I have received a notice of Privacy Practices from the Dental Clinic of Onalaska/ Trempealeau Dental.

Signature: _____

Date: _____

RECEPTIONIST:

Describe your Good Faith Effort to obtain individual's signature on this form: _____

Describe reason why the individual would not sign this form: _____
