



Patient Name: _____

Date of Birth: _____

Date of Visit: _____

Acknowledgment of Receipt of Dental Materials Fact Sheet

In accordance with California Business and Professions Code Sections 1648.10–1648.20, Snug Dental Center provides each patient (or the patient's parent/guardian) with a copy of the Dental Materials Fact Sheet. This document contains important information regarding the various materials used in dental restorative procedures.

By signing below, I acknowledge that I have received and reviewed the Dental Materials Fact Sheet provided by Snug Dental Center.

Parent/Guardian Name (if applicable): _____

Relationship to Patient: _____

Signature: _____

Date Signed: _____

Staff Initials: _____