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**Swiss Quality Smile**

WESTWOOD MEDICAL PLAZA

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### **Acknowledgement of Receipt of Dental Materials Fact Sheet**

I \_\_\_\_\_ acknowledge that I have been informed and have access to Swiss Quality Smile's Dental Materials Fact Sheet.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

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### **Acknowledgement of Receipt of Privacy Practices**

I \_\_\_\_\_ acknowledge that I have been informed and have access to Swiss Quality Smile's Privacy Practices containing a more complete description of the uses and disclosures of my health information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

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