



2020 Cassia Road, Suite 101, Carlsbad, CA. 92009

I, _____, hereby certify that a copy of the **Notice of Privacy Practices** and the **Dental Board of California: Dental Materials Fact Sheet** have been made available to me by Dr. Jeff Knutzen's office prior to dental treatment.

Patient/Guardian Signature: _____

Patient's Name, if minor: _____

Date: _____