

MARANDA A. BLISS DMD PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

{Please Print Name}

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For Office Use Only

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- Other (Please Specify)

Phone Number: 781-769-4473
Address: 66 Winter Street Norwood MA 02062

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