



Cosmetic and Family Dentistry
Bradley H. Reiner, D.M.D., F.A.G.D.
Hagen Hastings, D.M.D.
3975 20th Street, Suite 2th
Vero Beach, Fl 32960
(772) 564-0724

Acknowledgement of Notice of Privacy Practices

Name of Practice: Family, Cosmetic and Laser Dentistry

Name of Patient (please print):

Date of Birth:

I hereby acknowledge that I received the Notice of Privacy Practices for Bradley H. Reiner, D.M.D. and Hagen Hastings, D.M.D., that I have read it, understand it and all questions have been answered to my satisfaction.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, please complete the following:

Personal Representative's Name:

Relationship to patient: