



280 Mamaroneck Avenue #307
White Plains, NY 10605

General, Cosmetic & Implant Dentistry www.WestchesterSmiles.com 914-949-8266

Patient's Acknowledgement Form

I, _____, acknowledge that I received and reviewed the office Privacy Policy Notice for Benjamin Rudow DDS & Paul Geller DDS.

Patient's signature: _____ Date: _____

In case you do not agree to sign this form, our office must indicate why you declined to do so.

Reason for patient's refusal:

Privacy Director's signature: _____ Date: _____

I hereby grant consent for Dr. Geller/Rudow and staff to perform a clinical dental examination

Patient's or guardian's signature: _____ Date: _____