

L. Virginia Powell, DMD  
1091 South Dora Street  
Ukiah, CA 95482  
707-462-1540

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## ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

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

I, \_\_\_\_\_, have received a copy of this office's  
Dental Materials Fact Sheet.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of Dental Materials Fact Sheet, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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