



Patient Acknowledgment of Office Policy

By initialing and signing below; I acknowledge the following:

- _____ 1. No video recording or photographing on premises by patient or escort.
- _____ 2. The office is not responsible for your belongings, please take proper precautions when storing your property and or valuables.
- _____ 3. Only doctors, assistants and the patient are allowed in the operatory during treatment. No exceptions will be made.

Patient signature _____ Date _____

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