DIBELLO
PLASTIC SURGERY

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Patient Instructions:

Please complete by signing and dating the Patient's Acknowledgment's section below.

RETURN THIS PAGE TO OUR OFFICE

Patient's Acknowledgement:

I hereby acknowledge that I have been provided with the practice's NOTICE OF PRIVACY PRACTICES and that I have read and fully understand the notice. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

If patient unable to sign, person legally authorized to sign:
_____

If patient is a minor, person authorized to sign:
_____

State reason patient unable to sign: _____

Relationship to patient: _____

Signature of Witness: _____ Date: _____

Who may we speak to regarding your medical care :

(PLEASE LIST: doctors, family, friends, etc.)

_____

_____

_____

_____

Form reviewed by patient:

Date reviewed	Patient Initials