



VIRUET PERIODONTICS
IMPLANTS - LASER THERAPY

WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NPP

I am a patient of KRYSTAL REYES VIRUET, D.M.D. and CYNTHIA L. DERAGON, D.M.D. I hereby acknowledge access to review or if requested, receipt of KRYSTAL REYES VIRUET, D.M.D. and CYNTHIA L. DERAGON, D.M.D. Notice of Privacy Practices (NPP).

Name [please print]: _____

OR

I am a parent or legal guardian of _____ [patient name]. I hereby acknowledge access to review or if requested, receipt of KRYSTAL REYES VIRUET, D.M.D. and CYNTHIA L. DERAGON, D.M.D. Notice of Privacy Practices with respect to the patient.

Signature: _____

Relationship to Patient _____

Additionally, _____ is authorized by myself to receive any of my information and records.
(Authorized Person)