OFFICE NOTICES AND POLICIES

Patient Name: ____ DOB: ____/____/______
Last First Middle

I have received and reviewed the following forms from Cordido Dental Pros, PLLC. I understand them and accept their terms.

- ☐ The Health Insurance Portability And Accountability Act "Notice Of Privacy Practices" (12/08/2023)
- ☐ Office Policies (12/15/2023)
- ☐ Patient Rights And Responsibilities (12/15/2023)
- ☐ Photo and Video Release (12/15/2023)

Signature: ____ Date: _________________________

If other than the patient, indicate relationship: parent or legal guardian ____

(469) 466-2371 ★ team@cordidodentalpros.com ★ 7709 San Jacinto Pl. Ste 200. Plano, Texas. 75024

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