

North Shore Dentistry for Children

Drs. Fippinger & Simón
One Rotary Center
1560 Sherman Avenue, Suite 610
Evanston, Illinois 60201

Patient Name: _____

Address: _____

Phone: _____ E-Mail: _____

Cell Phone: _____ Work Phone: _____

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I, _____, acknowledge that I have received a Notice of Privacy Practices from the office of North Shore Dentistry for Children.

Parent/Guaridan Signature: _____ Date: _____

Relationship to patient: _____

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