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## **Patient Acknowledgement of Receipt of Dental Materials Fact Sheet**

Patient's name: \_\_\_\_\_

I \_\_\_\_\_, acknowledge I have received  
from Katalina Ramirez D.D.S, M.S a copy of the State Dental Board of  
California, Dental Materials Fact Sheet, dated October, 2001.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_