



FREDERICK PEDIATRIC DENTAL ASSOCIATES

DELIVERING SMILES WITH HAPPINESS

SPECIALISTS IN PEDIATRIC DENTISTRY

T.P. Sivakumar, DDS, M. Dent. Sc.**
Savithri Sivakumar, DDS, M. Dent. Sc.**
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Kevin Banks, DDS*
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Frederick Pediatric Dental Associates Acknowledgement of Receipt of HIPAA Notice of Privacy Practices And Appointment Confirmation

I Have been provided a copy of the Notice of Privacy Practices and understand the notice. The notice will apply to all patients within the same family. I certify the above information to be correct. I authorize Frederick Pediatric Dental Associates to perform any necessary dental care for my child. I understand it is my responsibility to inform the office of any changes involving the information provided.

Patient Name

Date

Parent/Guardian Name

Parent/Guardian Signature

I give permission to Frederick Pediatric Dental Associates to call, text or email for appointment confirmations with our automated messaging service.

Parent/Guardian Signature

Date



(301) 631 0501

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