

**LYNCHBURG DENTAL CENTER**

2904 Old Forest Road

Lynchburg, VA 24501

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES &  
OFFICE POLICIES FOR  
LYNCHBURG DENTAL CENTER**

I, \_\_\_\_\_, have received a  
(Patient's Printed Name)

copy of this office's Notice of Privacy Practices (Form GC200) and Office Policies (Form GC100).

\_\_\_\_\_  
(Patient's Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient's Signature)