

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

I, \_\_\_\_\_, acknowledge that I have received from the dental  
Patient Name

Office of Michael K. Furumoto D.D.S. and Brent Furumoto D.D.S. a copy of the **Dental  
Materials Fact Sheet** dated October 2001.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**