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Alan F. Kennell, DDS, MS, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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CONSENT FOR ORTHODONTIC SERVICES

I voluntarily consent to orthodontic services for \_\_\_\_\_, including diagnostic procedures, provided by Alan F. Kennell, DDS, MS, PC.

Signature \_\_\_\_\_ Date \_\_\_\_\_