

S. Taylor Garnett, D.D.S.
Robert L. Buchanan, D.M.D.
121 Greenville St. SW
Aiken, SC 29801
(803)648-3251

Who Referred You To Our Office _____

RESPONSIBLE PARTY INFORMATION

I, _____, am the responsible party for payment of any charges associated with dental work done by the offices of Dr. S. Taylor Garnett and Robert L. Buchanan. Form must be signed by a parent or guardian if under the age of 18.

SIGNATURE _____ DATE _____

ACKNOWLEDGEMENT OF RECIEPT OF NOTICE OF PRIVACY.....HIPPA

I, _____, have received a copy of the notice of privacy practices.

FAMILY MEMBERS:

1. _____
2. _____
3. _____
4. _____
5. _____

SIGNATURE _____ DATE _____