



RB Courtyard Chiropractic Center
The Center for Bio Cranial Therapy
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PATIENT INFORMATION FORM

Dr. Donna Martos

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c o n f i d e n t i a l

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.

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