PAGAN
ORTHODONTICS

Justin Pagan, DDS, MSD
ORTHODONTIC SPECIALIST

HIPAA

By signing below, I acknowledge that I may request a copy of Dr. Pagan Orthodontics HIPPA policies. I also understand that if I have any questions regarding this policy, I should direct my questions to the front office staff.

Date / /

PATIENT NAME (printed)

Signature of patient or guardian if patient is under 18 years old

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