

# Cheryle Baptiste DDS, PLLC

## Notice of Privacy Practices

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**ACKNOWLEDGE RECEIPT OF NOTICE OF PRIVACY PRACTICES.  
PLEASE SIGN AND LEAVE AT FRONT DESK.**

I, \_\_\_\_\_, hereby acknowledge receipt of DR. CHERYLE BAPTISTE DDS, PLLC's Privacy Practices. I understand that I may request an additional copy of the notice at any time.

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Signature of patient/Date

