

Amy M. Woo, D.D.S.
& Associates
ACKNOWLEDGEMENT OF RECEIPT OF
THE FACTS ABOUT FILLINGS

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, acknowledge that I have received from the
Full name printed
office of Amy M. Woo, DDS and Associates, a copy of the

The Facts About Fillings dated May, 2004.

Signature

Date