

DRS BEAMER, CARLON & CRAIGEN, S.C.

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**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT FOR**

I, _____, have received a copy of Drs Beamer, Carlon and Craigen, MD, SC's Notice of Privacy Practices.

Print name of patient or personal representative

Signature of patient or personal representative

____/____/____
Date (Month/Day/Year)

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