

**Dr. David L. Popper
Dr. Jaime A. Balaguer, Jr.
Board Certified Optometric Physicians**

**NOTIFICATION DE PRACTICAS PRIVADAS
FORMA DE CONOCIMIENTO ESCRITO**

Yo, _____, he recibido una copia de
Nombre del paciente

Dr. David L Popper Notificacion de Practicas Privadas.

Firma del Paciente /Representante

Fecha

PARA USO DE OFICINA SOLAMENTE

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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