



**PATIENT ACKNOWLEDGEMENT OF  
RECEIPT OF DENTAL MATERIALS FACT SHEET**

I, \_\_\_\_\_, acknowledge I have  
parent or guardian name

received from Antioch and Brentwood Pediatric Dentistry a copy of  
the State Board of California, Dental Materials Fact Sheet, dated May  
2004.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**PATIENT'S NAME (s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[www.abkidsdent.com](http://www.abkidsdent.com)

Leslie K. Tanimura, DDS, MSD • Jennifer T. Lo, DMD, MS  
2390 Country Hills Drive, Suite 102 • Antioch CA 94509 • phone 925.757.4220 • fax 925.757.5457  
1140 Second Street, Suite E • Brentwood CA 94513 • phone 925.634.9449 • fax 925.240.5416