

DR. KRISTEN STEWART, DDS

530-243-8888 [redningtoothfairy@yahoo.com](mailto:reddingtoothfairy@yahoo.com)

I, _____ (patient name),
acknowledge I have reviewed a copy of the Dental Materials Fact Sheet at Dr. Kristen
Stewart, DDS office. I have had the chance to request a personal copy.

Patient Signature

date

<<Please Turn Over>>