

Plantation Dental Studio & Implant Center PLLC

NON-SOLICITATION ACKNOWLEDGMENT

Date: _____

Patient Name: _____

The undersigned does hereby acknowledge the following:

1. Neither Plantation Dental Studio & Implant Center PLLC, nor any of its directors, officers, employees, or agents have solicited me for any purpose.
2. I have exclusively initiated and voluntarily chosen to have dental care services provided by Plantation Dental Studio & Implant Center PLLC, regardless of any current or prior affiliation with any other dental service provider.
3. I have not been offered any inducements of any kind to encourage me to execute this acknowledgement
4. The acknowledgements contained herein shall continue in full force and effect and are given by the undersigned freely and voluntarily as consideration of the undersigned's intent to become a patient of Plantation Dental Studio & Implant Center PLLC.

**I HAVE READ AND UNDERSTAND Plantation Dental Studio & Implant Center PLLC
NON-SOLICITATION ACKNOWLEDGMENT.**

Signature of Patient / Parent or Guardian (If minor)

Date