

Pedro E. Estorque Jr., M.D., P.A.
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**Acknowledgement of Review -
Notice of Privacy Practices for 2008**

I have reviewed the Notice of Privacy Practices for Pedro E. Estorque Jr., M.D., P.A., which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient (Or legal guardian)

Date

Printed Name of Patient