



Alamo Eye Care

Dr. Mark K. Davis

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San Antonio, TX 78232
210-403-9050

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Schertz, TX 78154
210-590-2482

ACKNOWLEDGEMENT OF RECEIPT

- I have acknowledged that I have received and read the Notices of Privacy Practices of Alamo Eye Care centers.
- I have received, but not read, the Notices of Privacy Practices of Alamo Eye Care centers, but would like to continue my eye care at this office.
- I will not sign the Notices of Privacy Practices of Alamo Eye Care centers and choose to seek another eye care provider.
- Due to extenuating circumstances, I am unable to sign the form at this time, but would like to continue my eye care at this office.

Patient Name: _____
(Please Print)

Patient Signature: _____
(Parent or Guardian if patient is a minor)

Date : _____