

<u>WALLACE J. BELLAMY, D.M.D</u>	8007 Laguna Blvd. #3 Elk Grove, CA 95758 Phone (916)683-3011 Fax (916)683-4764
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**Patient Consent/Refusal for
HIV/AIDS/Hepatitis Testing**

I, _____, a patient of Wallace Bellamy, D.M.D., agree/do not agree (circle one) to be tested for the **HIV/AIDS/Hepatitis viruses** in the event that anyone on staff at Fountain Plaza Family Dental is punctured by a needle or other sharp instrument while performing dental procedures on me. Furthermore, in order to protect the confidentiality of all parties involved, I agree to share results of such testing only with the affected employee's medical practitioner.

Signed: _____ Print: _____

Name of patient (or parent/guardian)

Name of Patient (or parent/guardian)