



**STAR DENTAL SYSTEMS, INC.
PATIENT QUESTIONNAIRE**

1. Please list the family members or other persons and phone numbers, if any, whom we may inform about your general dental and medical condition (including treatment, payment and health care operations).

2. Please print the telephone number, if any, where you want to receive calls about your appointments or other health care information **if other than your home phone number:** (____)_____

I AM FULLY AWARE THAT A CELL PHONE IS NOT A SECURE AND PRIVATE LINE

3. Can confidential messages (i.e. Appointment reminders) be left on your telephone answering machine or voicemail?

YES NO

(Patient name printed)

(Patient signature)

(Date)