A. CHRISTOPHER BERNARDINI D.D.S.
+718 987 4040
drbernardini@gmail.com
christopherbernardinidds.com
125 Old Town Road
Staten Island, NY 10304
FAMILY, COSMETIC & IMPLANT DENTISTRY - INVISALIGN® CERTIFIED

COMMUNICATION PREFERENCES

I understand that the Doctor and team members at A. CHRISTOPHER BERNARDINI DDS may need to contact me regarding appointments, treatment, insurance or other issues related to my health. Listed below are my preferences:

Preferred language _____

Preferred method of communication: ☐ Home_____ ☐ Cell_____

☐ Work _____ ☐ E-mail _____

Can we **leave a message** on machine? **Home** ☐ YES ☐ NO

Work ☐ YES ☐ NO **Cell** ☐ YES ☐ NO

DO NOT CALL: Home ☐ Work ☐ Cell ☐

DISCLOSURE DESIGNATED FAMILY /FRIEND/CAREGIVER

I allow to disclosure dental/medical/financial information as needed to the following designated individual(s). I understand that I am not required to list anyone. I also understand that I may change the list in writing anytime.

Print name	Date of birth	Relationship	Phone #
Print name	Date of birth	Relationship	Phone #

PHARMACY

Pharmacy Name	Address or Zip code	Phone #

Patient Signature _____ **DATE**_____