

**MARKET STREET DENTAL, P.C.
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YORK, PA 17402
(717) 757-3851**

PATIENT PRIVATE POLICY

It is our aim and concern to protect your privacy. If you would desire to have anyone other than yourself to discuss, handle or delegate any transaction written verbal or physical with anyone other than yourself please list and sign bottom. This form also allows us to leave a message on your answering machine pertaining to any and all information listed above.

Any and all family members in my household: **Y**___ **N**_____

May leave a message on answering machine: **Y**___ **N**_____

Any other person/persons, please list below:

Name: _____

Relationship: _____

Date of Birth: _____

Phone: _____

Signature: _____

Date: _____

If you need more space, please list on the back of this sheet. Thank you!