

Date of Call: _____

Dr. _____

New Patient:

Existing Patient:

Appointment Date: ____/____/____

Initial Exam Emergency Shopper

Exam Emergency

Team Member's initials: _____

Patient Name: _____ Pronounced: _____

M F Adult Child Age: _____ (Parent's Name: _____)

Reason for Calling (in patient's own words): _____

*I'm so glad you called our office! I'd be happy to help you. Would you mind if I asked a few questions first?
(Really listen; Show your concern!)*

Symptoms and Concerns: _____

How long have you been in pain? _____

Toothache Where? _____ Off/On Constant Night Swelling

Broken Tooth Lost Filling Crown _____ Bleeding Gums Fever Mobility

Pain on Pressure Hot Cold Sweets Other _____

Accident _____

Pain Medication What? _____ How often? _____

Other Concerns: _____

Have you ever needed to take antibiotics before a dental appointment? Yes No

Anything special you're looking for in a dentist? (Sell your practice!) _____

How did you hear about us? _____

If X-rays taken within last year, please bring copies. Contact for dental records: _____

Request sent (initials/date): _____ Records received: Yes No

Quote fee range (only for appointment scheduled): _____

Will you be receiving assistance from an insurance company? Yes No

Insurance Company Name _____ Type _____ Group # _____

Insurance Co. Address _____ Phone (____) _____

Policy Holder _____ SS # _____ DOB _____

Employer Name _____ Patient's DOB _____

Please bring insurance booklet and forms to initial appointment.

Patient's Address: _____ Home Phone: (____) _____

_____ Work Phone: (____) _____

Give clear directions **Reconfirm appointment** **Reassure Patient/Compliment Patient's Decision**

Welcome Packet sent (initials/date): _____

Remarks: _____