Date of Call: _____/_____/_____

Emergency

Team Member: _____ Dr. _____

Patient Name: _____ Pronounced: _____

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

Reason for calling (in patient's own words) _____

"I'd be happy to help you! (May I ask your name?) "May I ask you a little more about your situation? I'll jot down notes for the doctor while we speak."

Symptoms: "Tell me more about_____?" _____

- ❑ How Long? _____ Where? _____
- ❑ Off/On ❑ Constant ❑ Night ❑ Swelling ❑ Fever ❑ Mobility ❑ Pain on Pressure
- *Sensitivity to:* ❑ Hot ❑ Cold ❑ Sweets ❑ Other _____
- ❑ Broken Tooth ❑ Lost Filling ❑ Bleeding Gums ❑ Crown _____
- ❑ Accident _____
- ❑ Cosmetic Concerns:_____
- ❑ Taking Pain Medication What? _____ ❑ How often? _____

"This sounds like something Dr. _____ would be concerned about. How soon could you be here?"
"We have a full schedule of patients today, but I could offer you two choices:

a) You may come in immediately and we will do our best to see you as soon as possible. It could be as long as _____. I can not promise treatment today but we will do our best to help you become comfortable.

OR

b) You could come in at _____ and we could see you promptly. Which would work better for you?"

Appointment Set: Date: _____ Time: _____

Concerns: *(if mentioned)*

- ❑ **Removables:** (Ill-fitting denture / partial) _____
- ❑ **Fear / Anxiety:** _____
- $ ❑ **Money:** _____
- ❑ **Time:** _____
- ? ❑ **Other:** _____

Offer Solution / Repeat Concern:

"Mr./Mrs. _____, let me explain what you can expect on this emergency evaluation appointment. Dr. _____ will take a look at your area of concern and let you know exactly what the next steps would be and what that would cost. Then you can let him know how you would like to proceed. Depending on the necessary X-rays, this appointment could range from $ _____ to $ _____.

Questions

Solutions

Sample

Insurance: "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 your insurance booklet and forms to your appointment."

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

Patient's Phone Number:

"May I ask for your phone number?"

❑ Home (_____)_____ ❑ Work (_____)_____ ❑ Cell (_____)_____

Referral Source: OR ❑ Existing Patient

"Would you mind if I asked how you heard about us? _____

❑ Patient _____ (Relationship _____)

❑ Professional _____ ❑ Marketing _____

Give Clear Directions:

"Are you familiar with how to find our practice?" ❑ Yes ❑ No

"May I fax you a map?" (Fax # _____) ❑ Yes ❑ No

Reconfirm Appointment: "Mr. / Mrs. _____, we have_____ (patient) scheduled for an exam with Dr. _____ on _____ (date). Your appointment time is _____, however, we ask that you arrive at _____ (time) to allow time to process your paperwork.

Closing: "We look forward to meeting you and taking good care of you!"

Sample Details

Two comments made by the patient:

1. _____

2. _____

Welcome Packet sent? _____ Date_____

Remarks: _____

_____