

Date of Call: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Exam / Cleaning

Team Member: \_\_\_\_\_

Dr. \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ Pronounced: \_\_\_\_\_

M  F  Adult  Teen  Child Age \_\_\_\_\_ (Parent's Name: \_\_\_\_\_)

**Reason for calling** (in patient's own words) \_\_\_\_\_

"I'm so glad you've called our office. I'd be happy to help you! (May I ask your name?) I want to be sure that I schedule the correct appointment and the proper amount of time, so would you mind if I ask you a few questions and jot down some notes while we speak?"

**Symptoms:** "Are you experiencing any discomfort or sensitivity?" \_\_\_\_\_

- 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 \_\_\_\_\_
- Taking Pain Medication What? \_\_\_\_\_  How often? \_\_\_\_\_

**Concerns:** "Are there any other concerns that you would like to discuss with the doctor?" \_\_\_\_\_

"How long have you been bothered by / noticed / been concerned with \_\_\_\_\_?"



**Cosmetic:**

- Color  Shape  Chipped  Crooked
- Spaces  Bad crowns  Bad fillings  Missing Teeth



**Removables:** (Ill-fitting denture / partial) \_\_\_\_\_



**Fear / Anxiety:** \_\_\_\_\_



**Money:** \_\_\_\_\_



**Time:** \_\_\_\_\_



**Other:** \_\_\_\_\_

**Referral Source:**

"How did you hear about us? \_\_\_\_\_

- Patient \_\_\_\_\_ (Relationship \_\_\_\_\_)
- Professional \_\_\_\_\_  Marketing \_\_\_\_\_

"What was it about the (advertisement) that caught your attention?" \_\_\_\_\_

Questions

**Repeat Symptoms / Concerns:**

"Mr./Mrs. \_\_\_\_\_, let me be sure I understand you clearly. It sounds as though \_\_\_\_\_ is/are your main concerns. Does that sound correct? Is there anything else that would be important to you?"

**Sell Your Practice:** "You've called the right place Mr. / Mrs. \_\_\_\_\_. (Points of Excellence)

**Offer Solution / Appointment:**

"Mr. / Mrs. \_\_\_\_\_, let me explain what we'll do for you on your initial visit. Dr. \_\_\_\_\_ will begin with a comprehensive examination of your teeth and your gums. He will pay particular attention to the area(s) you are concerned about. He will perform an oral cancer and blood pressure screening, as well. Then, Dr. \_\_\_\_\_ will discuss your personalized treatment plan with you as well as any treatment options and will also assess what type of cleaning you might need along with the appropriate amount of time. Dr. \_\_\_\_\_ could see you for that appointment either \_\_\_\_\_ (day) at \_\_\_\_\_ (time) or \_\_\_\_\_ (day) at \_\_\_\_\_ (time). Which would work best for you, Mr./Mrs. \_\_\_\_\_?"

**Initial Visit:**

- Comprehensive Exam of Teeth/Gums
- Attention to Area(s) of Concern
- Oral Cancer/Blood Pressure Screening
- Personalized Treatment Plan
- Treatment Options
- Type of Cleaning Needed
- Set Appointment

**Appointment Set:**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Insurance:** "Will you be receiving assistance from an insurance company?"  Yes  No

**Quote Fee Range:** "This appointment ranges from \$\_\_\_\_\_ to \$\_\_\_\_\_ depending upon the necessary X-rays. "We ask that you be prepared to take care of this fee at the time of your visit."

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 Address:** "To save you time at your first visit, I'd like to send you our Welcome Packet. May I ask for your address and phone number?"

Patient Address \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Dental Records:** "If you have had x-rays taken in the past year, it would be important to bring copies of them with you to your appointment."

Request sent (date) \_\_\_\_\_  Records received \_\_\_\_\_

**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. Is there anyone else in your family that I might schedule an appointment for today?"

**Compliment Patient's Decision:** "You've made a great decision and I'm looking forward to personally welcoming you into our practice and introducing you to Dr. \_\_\_\_\_. Thank you for calling!"

Welcome Packet sent? \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_