

Date of Call: ____/____/____

Shopper

Team Member: _____

(create sense of urgency; focus on symptoms)

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?) May I ask you a few questions and jot down notes while we speak?"

Symptoms: "Tell me more about _____?" Previously Diagnosed? _____

- 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: "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 Sources:


"How did you hear about us? _____"


- Patient _____ (Relationship _____)
- Professional _____ Marketing _____

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

Questions

Offer Solution / Appointment: (within 24 - 48 hours)

 **For Symptoms / Repeat Concern:** "That sounds like something Dr. _____ would be concerned about and would definitely want to take a look at."

 **For Cosmetic / Other Concern:** "To answer your questions thoroughly and accurately, Dr. _____ would need to see you."

"I'd like to invite you in for a no-charge evaluation. That means Dr. _____ will take a quick look at the area you are concerned about 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. If you choose not to proceed, there is no pressure and no charge for the visit. If X-rays are needed, there would be a minimal charge for those. Dr. _____ could see you for that appointment either _____ (day) at _____ (time) or _____ (day) at _____ (time). Which would work best for you, Mr. / Mrs. _____?"

Appointment Date: _____ **Time:** _____

Solutions

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."

Patient's Address: "May I ask for your address and phone number so I may send you some information about our practice?"

Patient Address _____ Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

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 evaluation with Dr. _____ on _____ (date) at _____ (time)."

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!"

Fees Quoted? No Yes \$ _____

Welcome Packet sent? _____ Date _____

Remarks: _____

Details