

NEW PATIENT CALL SLIP

Welcome to Dental Bliss, The office of Dr. _____, This is (your name), I can help you!

Today's Date: _____ Team Member Taking Call: _____

May I ask whom I am speaking with:

Patient Name: _____

Phone # _____ Email: _____

"We have the ability to confirm your appointments through text, email as well as by a kind phone call...."

Physical Address where you can receive information about your upcoming appointment: _____

How did you hear about our office? _____

(Acknowledge referral source) We love having (Referral Source) as a part of our office.)

Do you have friends or family that are patients here at? _____ ("They are great patients.....")

May I ask you a few questions so that I can better understand (patient's name) current dental condition...."

How long has it been since your last dental check up? _____

(Patient's Name), Tell me about you previous dental experiences good and bad _____

Listen Closely Here)

Do you have any medical conditions or allergies that I need to inform Dr. (Name) of prior to your appointment. _____

"You have made a great decision calling our office! Dr. (Name) and our team will take great care of you, (patient's name). On your first visit to our office, you will see that we care about your time! It is very important to us to ensure that our patients are seen in a timely manner. We also care about your comfort and our patients satisfaction with the type of advanced dentistry that we do here.. We will do our best to make sure that you have an exceptional experience with us."

"Let's get (patients name) scheduled for a new patient examination! For this first visit, I have (appt. option #1 or appt. option #2) available:"

Appointment Date/Time: _____ Personality Type: D I S C

"During this appointment we take a set of digital photographs, an x-ray of the mouth, an examination by the doctor and we will find a personalized plan for your dental health goals Dr. (Name) and (Hygienist Name) will answer any questions that you have while you are here with us.

Do you have any dental insurance benefits that you will be utilizing toward your dental appt? (If Yes, Proceed to ask the below information)

We want to be prepared for your visit and would like to verify your coverage if you could provide us with that information now.....

Insurance Information

Insurance Company: _____

Subscriber Name: _____ Patient DOB: _____

Subscriber Social Security Number: _____

We would like to send you your registration paperwork to get you established with our office, We can mail email or you can download from the website.... Which way works best for you?

- Website
- Email
- Mail

If these options do not work patient must arrive 20 min early to complete paperwork

Additional Notes: