

Date: _____ Team Member: _____

THE WELCOME - "Thank you for calling (Practice Name). This is _____. How can I help you?"

"I'd be happy to help you with that, what is your name?"

Patient's Name: _____ Contact Phone #: _____

Referral Source: _____

Caller's Name: _____ Relationship to Patient: _____

RELATIONSHIP BUILDING - What is important to this patient?

"Tell me..." Get curious! Be sure to use the patient's name!

PROBLEM SOLVING - How can we help this patient?

Answer questions and provide solutions. Speak to what we CAN do.

THE CLOSE - Ask for the Appointment!

Set expectations for appointment length, items needed, and fees expected. Offer to answer any additional questions.

Appointment Type: _____ Gave Address and/or Directions? Yes No

Appointment Date: _____ Dentist/Provider Name: _____

Appointment Time: _____ Patient wants ASAP Visit? Yes No

Appointment Notes: _____

NO Appointment? Get the patient's address or email to send follow up information!

"I'd love to send you some more information about _____. Could I get your email or address?"

Send To: _____ Info Promised: _____

Follow Up Info Sent

Gather the patient's information on the back of this form.

“Now that we have you scheduled; I just need a little more information for your patient record.”

PATIENT INFORMATION

Patient Name (First & Last): _____ DOB: _____

Home Address: _____

Phone: _____ Email Address: _____

Insurance Company: _____ Phone: _____

Employer: _____ Group #: _____

Subscriber's Name: _____ DOB: _____

Subscriber ID/Social Security #: _____

“Before I let you go, is there anybody else in the family we need to get scheduled?”

Patient Name (First & Last): _____ DOB: _____

Appointment Date/Time: _____

Patient Name (First & Last): _____ DOB: _____

Appointment Date/Time: _____

Patient Name (First & Last): _____ DOB: _____

Appointment Date/Time: _____