

**NEW PATIENT EMERGENCY / EXAMINATION TELEPHONE CONTROL SLIP PROCEDURE**

**GREETING THE NEW PATIENT:**

- © Put a smile on your face before picking up the phone.
- © Take a deep breath, slow down and grab your Telephone Control Slip.
- © Sample Greeting:                    **“Good afternoon, Dr. Johnson’s office. This is Mary. How may I help you?”**
- © Determine who is calling:       **“Mr. Krzywicki, could you please spell your last name for me?”**
- © Referral source:                    **“How did you learn about our office?”**
- © Reason for call:                    **“The reason for your call today is...?”**
- © Check box and go to the appropriate section below.

Date_____Time_____Call taken by:_____
Name: _____
Pronounced_____Adult <input type="checkbox"/> Child <input type="checkbox"/> Age:_____
Referral source:_____
Reason for call: Exam <input type="checkbox"/> Emergency <input type="checkbox"/> Sedation <input type="checkbox"/> Other:_____

**IF THIS IS A NEW PATIENT:**

- © Date of last dental visit      **“When did you last see Dr. Right Thinker?”**
- © Radiographs:                      **“Were x-rays taken within the last year that you would like us to request?”**
- © Previous Dr:                      **“Who is your previous Dentist?”**  
**“May I have the phone number?”      –or–      “Where is he/she located?”**
- © Chief concern:                      **“Is there anything in particular that you would like Dr. Right Thinker to discuss with you?”**

**EXAM/NEW PATIENT INFORMATION:**

Date of last dental visit \_\_\_\_\_  
Radiographs taken?      No  Yes       Requested date: \_\_\_\_\_  
Dr.: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Chief concern: \_\_\_\_\_

**IF THIS CALL IS AN EMERGENCY:**

© Emergency questions: **What can you tell me about your pain / problem?**

Listen. Check the appropriate box that defines the nature of the emergency. Keep in mind, we are only trying to gather enough information to determine the severity of the emergency. Each office should meet and determine what constitutes a true emergency and how soon this patient should be accommodated.

The scheduler needs to know when and where it is appropriate to schedule this patient with minimum disruption to the office flow. Schedule accordingly. Doctor should only provide emergency palliative care and NOT definitive treatment!

**EMERGENCY QUESTIONS**

- Toothache      Lost Filling      Broken Tooth      Other \_\_\_\_\_ Where: \_\_\_\_\_
- Hurting      Off/On      Constant
- Sensitive      Hot/Cold      Pressure
- Swelling
- Mobility \_\_\_\_\_
- Temperature \_\_\_\_\_ Pain Medication \_\_\_\_\_

**NEW PATIENT INFORMATION AND FINANCIAL ARRANGEMENTS POLICY:**

© Continue gathering basic information: **“I need to get just a bit more information from you. What is your address? How about a day time phone number? Is that your work number? May I also get your home number? Thanks.”**

© Dental Insurance:

If you accept insurance, ask this question only after all the other information has been gathered. **“Will you be using any dental insurance to help you with the cost of your treatment? Great! Let me share with you how we work with your insurance reimbursement in our office.”**

© Financial Arrangement policy explained:

It is usually appropriate to let a new patient or an emergency patient know what the fees will be for their first visit so there are no surprises. It is a good idea to ask them to pay the full amount on this first visit regardless of insurance coverage (after all, we know nothing about their ability to pay, their insurance plan limitations or whether they are actually even eligible under their insurance plan!) **“The fee for your comprehensive exam and full series of radiographs will be XX.”** (don't say “dollars”, just say the actual number) – *or* – **“The fee for your emergency visit and radiographs will be XX. We ask all patients joining our practice to take care of these fees in full at this visit. We accept cash, check, Visa and MasterCard”.**

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Responsible party if different from account name:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dental Insurance:      No     Yes       Details: \_\_\_\_\_

FA Policy Explained:      No     Yes

**COMPLETING THE NEW PATIENT CALL:**

© Designated Dr. / Hygienist:

**“You are really going to enjoy Dr. Right Thinker and the rest of our great team. He is a great Doctor and our patients really like him. Again, my name is Sharon and I’ll look forward to meeting you on Tuesday, September 23<sup>rd</sup> at 9:00 a.m. If you should have any questions before then be sure to give me a call. I’ll be glad to take care of you.”**

© Let the patient hang up first!

© Complete Telephone Control Slip by mailing the Practice Welcome Package and, if appropriate, a referral thank you.

Designated Dr. / Hygienist: \_\_\_\_\_

Welcome package mailed? No  Yes       Referral Thank You:      No  Yes

Notes \_\_\_\_\_