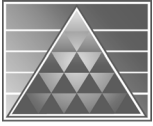


NOTE: Callers do not want to feel like you're sitting in front of a computer typing everything in, so do so quietly or take written notes.



NEW PATIENT TELEPHONE INTAKE SAMPLE SCRIPT

for the Orthodontic Practice

Pride
INSTITUTE

Good Morning this is Dr ___'s office, this is ___ speaking, how may I help you today?

You made the right choice calling Dr. ___. Our patients love him/her and you will too! In order to make a proper appointment for you/your child, may I ask you a few questions? This should take about five minutes. Is this a good time for you?

(If not, set up a time for US to call THEM back that's convenient for them: _____/_____)
Day Time

As I mentioned earlier, my name is ___. To whom am I speaking? Well, ___ welcome to our practice!

PATIENT NAME _____ PARENT NAME _____

What are the primary goals/concerns for orthodontic care (for you or your child), that you would like Dr. ___ to address?

Are there any other questions or concerns re: your (your child's) oral health that you would like addressed?

Who may we thank for referring you to our office? _____

If an allied health care professional did not refer the patient: In order to partner with your other dental professionals, may I have the name of your general practitioner?

We will be happy to contact Dr. _____ (regular dentist)'s office and let them know you've made an appointment. We will also check the date of your (or CHILD'S NAME) last cleaning and x-rays, so that we can support your goals for overall health and well-being.

IF ADULT APPOINTMENT How do you feel about the prospect of getting braces/Clear Aligners?

IF CHILD APPOINTMENT How does (CHILD NAME) feel about getting braces?

Do you have any other particular questions you would like the doctor to address with your child?

Besides you, will anyone else be involved in the decision to begin (CHILD NAME)'s treatment?

Dr. _____ always likes to make his patients feel welcome and it helps to know what each patient's interests are. Can you tell me something (CHILD NAME) likes to spend time doing?

In order to schedule your appointment, I need some information. So that each patient feels well taken care of, we like to schedule our first visit at convenient times. Do you have a preference of days and times?

**** PULL UP NEXT AVAILABLE EXAM APPOINTMENT in your software****

Our first available appointment that is set aside for our new patients is _____.

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: _____ Age: _____ Phone: _____

Responsible party: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime phone: _____ Cell or work: _____

E-mail address: _____

GP: _____ Date of Last X-ray: _____

In order to make your first appointment as stress-free as possible, do you have any questions about your financial commitment for this visit or the future that I can answer for you now?

(Let the patient ask the fee and insurance questions — don't volunteer. If you do not take their insurance be as positive as possible. Say something like: "Although, we do not subscribe to your insurance plan, we work with all of our patients to make their commitment as financially feasible as possible. May I ask you a few more questions, so we can see what your obligation would be?")

Insurance company: _____ Policy number: _____

Plan name *(if applicable)*: _____

Please plan on being here for approximately _____. During that time, Dr. ___ will complete a thorough exam with you to determine your dental health care needs. So that you feel completely comfortable with your treatment plan, Dr ___ may then recommend that you schedule a complimentary consultation with us to learn about your treatment plan and to answer any questions.

Have you been to our website? Our website is very informative. In order to be prepared for your first visit, we recommend that you download your initial forms and fill them out in advance. At the same time you can learn more about our team, different procedures and how we provide on-going support to our family of patients. If you do not fill out the new patient forms in advance, please try to arrive 15 minutes early to complete the initial paperwork, so that your appointment can start on time.

Many of our patients appreciate a call/text or e-mail 48 hours prior to their appointment to answer any last minute questions. Is that something that you would like? Call/text E-mail

We are located at _____. Do you need directions? (We also have a map on our website.)

What other questions can I answer for you today? _____

Again, thank you for calling and welcome to our office. I'm sure you/ your child will enjoy your visit with us. We will see you on (APPOINTMENT DATE AND TIME).