

V.I.P. Slip

Date: _____ Doctor: _____

“Welcome to our Practice! We’re so glad you called!”

Name: _____

Pronunciation: _____

Adult: Child: Age: _____

“Whom may we thank for telling you about our office?” _____

“To save you time, I would like to send you some information about our practice which includes a medical history information sheet for you to complete and bring with you on your first visit.”

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____ (E-mail) _____

“To make this appointment just right for you, let me find out a little more information . . .”

When was last dental visit: _____

Records Required? Yes No

Are you having any dental concerns at this time?

Lost Filling:	Broken Tooth:	Ache:
Where:	Swelling:	Mobility:
Hot:	Cold:	Pressure: _____ On/Off/Consistent
Pain Med.:	Allergies:	

Premedicate: Yes No Rx: _____ Pharmacy: _____

“So that you may be prepared for your first visit, let me tell you a little about what will take place.”

Describe each part of the Doctor examination giving high value.

Appointment: Date: _____ Time: _____ Directions given: Yes No

Insurance: Yes No Employer: _____

Benefits book: Yes No Form: Yes No

Fees for complete examination, treatment planning and any consultation appointment you may need \$ _____

Present fee as a range between the exam fee alone and the exam fee with a FMX: **“Ms. Jones so that you will be prepared, the fee for this first visit will between \$75 and depending on what x-rays you and the doctor determine are necessary, \$165. Our office accepts credit cards, checks, and cash.”**

“What questions may I answer for you about our office or about your first visit?”

Comments and/or patient motivators:

V.I.P. Telephone Slip

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