

# FRONT OFFICE *Rocks*<sup>®</sup>

The Leader in Dental Front Office Solutions & Training

## NEW PATIENT CALL-IN FORM

Patient Name \_\_\_\_\_

Guardian's Name (if patient is a child) \_\_\_\_\_

### WELCOME THE PATIENT TO THE PRACTICE AND INTRODUCE YOURSELF BUILD RAPPORT WITH THE PATIENT

How did you hear about us? \_\_\_\_\_

Things you learn about the patient while getting to know them? \_\_\_\_\_

Do you have any discomfort or other dental concerns? \_\_\_\_\_

### DEMOGRAPHICS ABOUT THE PATIENT

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Members Name/Age (if looking to schedule too): \_\_\_\_\_

### SCHEDULING DETAILS

Prefer AM or PM?    AM    PM    ANY                      Best days of week? \_\_\_\_\_

Date/Time Scheduled: \_\_\_\_\_

Reason for not scheduling \_\_\_\_\_

### INSURANCE THAT WE CAN VERIFY FOR YOU? (IF YES: list information below)

Name of insured person \_\_\_\_\_ Relationship to pt. \_\_\_\_\_

Insured's Employer \_\_\_\_\_ Ins. Co. Name \_\_\_\_\_

SSN and DOB of insured \_\_\_\_\_ SSN and DOB of patient \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ DATE OF CALL: \_\_\_\_\_