

## **New Patient Call Sheet**

NAME \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT OUR OFFICE \_\_\_\_\_

REASON FOR CALL \_\_\_\_\_

\_\_FOR NEW PT. EXAM-

EXPLAIN OUR PROCEDURE FOR NEW PATIENT EXAM  
COMPLETE SERIES OF X-RAYS, ORAL CANCER SCREENING,  
THOROUGH EVALUATION OF YOUR MOUTH

\_\_FOR EMERGENCY APPT-

ARE YOU IN PAIN \_\_\_\_\_ FOR HOW LONG \_\_\_\_\_

WHAT AREA OF MOUTH \_\_\_\_\_

ARE YOU SWOLLEN \_\_\_\_\_

FIND AN APPOINTMENT TIME \_\_\_\_\_

**WE WOULD LIKE YOUR FIRST VISIT TO OUR OFFICE A GOOD EXPERIENCE.  
IS THERE ANYTHING WE SHOULD KNOW ABOUT YOU OR YOUR PAST DENTAL  
EXPERIENCE?**

LET ME GET SOME INFORMATION FROM YOU FOR OUR RECORDS

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

WHEN WAS YOUR LAST DENTAL VISIT \_\_\_\_\_

HAVE YOU HAD X-RAYS RECENTLY \_\_\_\_\_

NAME AND PHONE# OF PREVIOUS DENTIST IF CURRENT RECORDS \_\_\_\_\_

HAVE YOU EVER NEEDED TO BE PREMEDICATED FOR DENTAL VISITS \_\_\_\_\_

REASON \_\_\_\_\_

DO YOU HAVE DENTAL INSURANCE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

NAME OF POLICY HOLDER, IF NOT PATIENT \_\_\_\_\_

SS# OF POLICY HOLDER, IF NOT PATIENT \_\_\_\_\_

NAME OF INSURANCE CO. \_\_\_\_\_

INS. CO. PHONE NUMBER \_\_\_\_\_