

Apollonia Dental Centers

NEW PATIENT TELEPHONE INFORMATION SHEET

When was the last time you were in our office?

DATE _____ Team Member _____

PATIENT'S NAME _____ Pronounced _____ ADULT CHILD Age _____

PHONE: Home (____) _____ - _____ Work (____) _____ - _____ FAX (____) _____ - _____

ADDRESS: _____

We offer three easy ways to get acquainted..... may I take a few moments to tell you about them?

Our Problem Focused Evaluation is intended to address an immediate problem only. If you are experiencing pain, swelling, a broken tooth, or other urgent need, and wish us to limit our exam to that particular problem only, then choose our Problem Focused Exam. We can usually see you on short notice, immediately if necessary, and we are on call 24 hours a day. After the immediate problem is stabilized, we always recommend that you return for a complete evaluation before further treatment is begun.

Our Periodic Oral Evaluation is the traditional dental check-up for patients who have been regular with their dental care (either here or at another dental practice). If you have had a complete exam of your teeth and gums within the last 12 months, and you wish us to limit our exam to a simple check-up, then choose our Check-Up Exam. If you think you might have any areas of concern, we recommend a more comprehensive evaluation.

Our Comprehensive Oral Evaluation is intended for patients who might not have had a complete exam in the past 12 months. If you wish us to make a thorough evaluation of you teeth and gums, choose our Comprehensive Exam. This is the examination we recommend for all our new patients, and it is the best way to ensure that small hidden problems don't become big problems down the road.

Of the three choices we offer, the "problem focused", the "check-up", or the "complete" exam, which do you think might be best for you?

Patient Prefers: PFE POE COE

ALL NEW PATIENTS

Who may we thank for referring you to our office?

Name of Referring Patient _____

What specific advertising did you see? _____

Are you familiar with the location of our office?

May we request records and X-rays from your last dentist?

Name _____ Phone _____

Date of last visit? Less than one year Over one year

Do you have dental insurance to assist you?

Insurance carrier _____

Employer or Group # _____

Subscriber name _____

Social Security # _____

APPOINTMENT DATE _____ TIME _____

PFE PATIENTS

Nature of primary problem _____

Lost filling Broken tooth Pain Swelling

Off and on? Constant? Hurts on biting?

Awake at night? Bleeding gums?

Location? _____

When first noticed? _____

Other symptoms? _____

Have you taken any meds for this problem? _____

How soon can you come to the office? _____

Other information _____

Uninsured new PFE patients: I will need you to bring \$100 with you in case you choose to have this problem treated at this visit. We promise that the fees for this visit will not go over that amount unless financial arrangements are made with you beforehand.

Has this been explained? YES NO Patient is Insured

PATIENT OVERALL DEMEANOR: frightened hostile shy cheerful neutral formal

Additional Comments:

Follow-up: Welcome Packet sent Date: _____ Insurance Benefits Confirmed Date: _____

Does prior dental practice have current X-rays? yes no BW ___/___/___ FMX ___/___/___ Pano ___/___/___

Requested? yes no Spoke with: _____ Date: _____

Release required? yes no Release sent by FAX to patient: Date: _____ Returned and forwarded: yes no

New Patient Telephone Information Sheet