

INITIAL PHONE COMMUNICATION

DATE: / /

SEND PACKAGE: Y

SENT:

1. CONTACT INFORMATION	CHECKLIST:
First Name: _____ Last Name: _____ Daytime Telephone: _____ Other Phone: _____ Address: _____ City State, Zip: _____ Email: _____	1.) Permission to Ask <input type="checkbox"/> 2.) Referral Source <input type="checkbox"/> 3.) Reason for Calling <input type="checkbox"/> 4.) Philosophy <input type="checkbox"/> 5.) App, Fees, Value & Ins. <input type="checkbox"/> 6.) Location & Parking <input type="checkbox"/> 7.) www.DrRuiz.com <input type="checkbox"/>

2. INVITATION SOURCE

A. Patient Referral: _____

B. Brochure: _____ Offer: _____ C. Other: _____

D. Website: _____

3. REASON FOR CALLING:

CONCERNS: _____

HOW LONG... _____ ACTION TAKEN... _____

PREVIOUS DENTIST: _____ LAST DENTAL VISIT: _____ Req. X-Rays?

5. APPOINTMENT, FEE, VALUE & INSURANCE:

App. Date: _____ App. Time: _____ Full Exam Consult Emergency

Fee: \$ _____ HYG Inc. Y N Insurance Company: _____
(Discuss HYG as Sep. Appt.)

Insured SS#: _____ Employer: _____

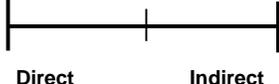
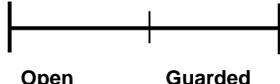
RELATIONSHIP SECTION

Script after tour: "In Order to provide you with the best service possible, I would like to ask you..."

1. What do you look for in a dental office?

2. What did you like best about your previous dental experiences?

3. Have you ever had a bad dental experience?

PROFILE	MOTIVATION
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><i>Forwardness</i></p>  <p>Direct Indirect</p> </div> <div style="text-align: center;"> <p><i>Availability</i></p>  <p>Open Guarded</p> </div> </div> <ul style="list-style-type: none"> Direct + Guarded = Director (D) Direct + Open = Influential (I) Indirect + Open = Relater (R) Indirect and Guarded = Analytical (A) 	<ul style="list-style-type: none"> Fear/Pain <input type="checkbox"/> Appearance <input type="checkbox"/> Time <input type="checkbox"/> Cost <input type="checkbox"/>