

**NP Telephone Call Slip**      Date \_\_\_\_\_

Name \_\_\_\_\_

Who may we thank for referring you to our practice? \_\_\_\_\_

Phone (H/Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Reason for call \_\_\_\_\_

Are you in pain? Yes No      Where? UL LL UR LR

How long in pain? \_\_\_\_\_

Describe the pain: Throbbing/Sharp/Dull \_\_\_\_\_

Sensitivity? Hot / Sweet/ Cold / Pressure \_\_\_\_\_

How long has it been since your last exam? \_\_\_\_\_

Will we be assisting you with dental benefits? Yes No

Insurance Co: \_\_\_\_\_ phone # \_\_\_\_\_

Name of insured \_\_\_\_\_

Employer \_\_\_\_\_ Group # \_\_\_\_\_

DOB \_\_\_\_\_ ID# \_\_\_\_\_

Any Medical considerations we should be aware of? \_\_\_\_\_

Have you ever had to premedicate prior to a dental appointment? Yes No

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

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