

## **GKAS Telephone Scheduling Form**

“Hi, Practice name, this is, your name, how may I help you?”

“I am calling about the free dental care, can I schedule an appointment?”

“Yes, of course. How old is the child, and do you have dental insurance?”

“The child is 7, and he does not have insurance”

“This program is designed for underserved children that do not have the means to pay for dental care, would you say you fit this description?”

“yes”

When it is stated the patient is eligible to be seen, then continue collecting the data:

If patient is not eligible for program, offer a side book free exam only- this will be a complimentary exam to introduce them to the practice, please make this appointment on a regular business day, not on GKAS day.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_

How did they hear about the program? \_\_\_\_\_

Does your child have a dental problem? \_\_\_\_\_

Does your child have any allergies or health concerns? \_\_\_\_\_

It is important to identify if the child has any current dental problems, pain, visual decay? Do they have any special needs we need to be made aware of? \_\_\_\_\_

This will help with how and with whom they should be scheduled.

“Ok I have time at \_\_\_\_\_ o’clock, and \_\_\_\_\_ o’clock, which time do you prefer?”

Record the appointment.

Finish with, “welcome to our Give Kids a Smile event, I will be sending you a packet of registration materials, and the appointment details. It is very important you bring this information with you at your scheduled appointment.