

USER INITIALS



“How may I help you?”

RAPPORT

TRUST

SOLUTIONS

May I ask who I’m speaking with? (Patient name)

PATIENT INPUT

(Describe what is happening for you)

(Anxieties they mention)

(Helpful comments)

PROMISES MADE TO PATIENT

(Will treatment be performed on day?)

(Quote before commencing treatment?)

(Extra TLC)

FOR NEW PATIENTS

Name:	Payment Policy	
Mobile:	Cancellation Policy	
DOB:	Quoted	
Email:	Do you know where we are located?	

APPOINTMENT: (Date & time)

“Is there anything else I can help you with?”

“I look forward to seeing you then!” 