

After Hours Patient Contact Log

Patient Name _____

Date/Time of call _____ Patient Date of birth _____

Caller's name (if other than patient) _____ Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Returned call; no answer; left message

Returned call; no answer; no voice mail

Current patient? Yes No

Last dental appointment _____

Reason for calling _____

Further information about problem _____

Differential diagnosis _____

Advice given to patient _____

Allergies _____

Current medications _____

Health conditions _____

Medications prescribed _____

Pharmacy _____ Phone _____

Advice given for follow-up treatment _____

Signature _____