

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 pho	one Work phone
Returned call; no answer; left message	Returned call; no answer; no voice mail
Current patient?YesNo	Last dental appointment
Reason for calling	
Current medications	
Health conditions	
Medications prescribed	
Pharmacy	Phone
Advice given for follow-up treatment	_
Signature	

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